

2020202



SALES DISCLOSURE FORM
State Form 46021 (R10/13-09)

Prescribed by Department of Local Government Finance
Pursuant to IC 6-1.1-5.5
GET COUNTED IN 2010! LEARN MORE AT WWW.CENSUS.INDIANA.EDU
PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(e).

275793 SDF ID

RECEIVED
County Year Date ID 4 2017
SDF Date:

PARCEL TO BE COMPLETED BY BUYER, GRANTEE and SELLER, GRANTOR
PROPERTY TRANSFERRED MUST BE CONVEYED ON A SINGLE CONVEYANCE INSTRUMENT

02-222-02816-020	Check box if applicable to parcel	5. Complete Address of Property	6. Complete Tax Billing Address (if different from property address)
A) 82-04-26-002-866.020-019	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement	4101 Archer Dr. Evansville, IN 47725	SAME
7. Legal Description of Parcel A: Lot 20 in Windham Estates			
B)	<input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement		
7. Legal Description of Parcel B:			

IF CONDITIONS IDENTIFY WHAT APPLY DISCLOSE VALUE OF ITEMS LISTED IN TABLE B

If condition 1 applies, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. A transfer of real property interest for valuable consideration.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Buyer is an adjacent property owner.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Vacant land.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Exchange for other real property ("Trade").
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Seller paid points. (Provide the value Table C Item 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Change planned in the primary use of the property? (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Existence of family or business relationship between buyer and seller. (Complete Table C Item 4.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Land contract. Contract term (YY): _____ and contract date (MM/DD/YYYY): _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Personal property included in transfer. (Provide the value Table C Item 5.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Physical changes to property between March 1 and date of sale. (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Partial interest. (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Easements or right-of-way grants.

1. Conveyance date (MM/DD/YYYY): 05/01/2017

2. Total number of parcels: 1

3. Describe any unusual or special circumstances related to this sale, including the specification of any less-than-complete ownership interest and terms of seller financing.

New Construction

YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Family or business relationship existing between buyer and seller? Amount of discount: \$ _____

Disclose actual value in money, property, a service, an agreement, or other consideration.

If conditions 13-15 apply, filers are subject to disclosure, but no disclosure filing fee.

YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, or probate.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Documents involving the partition of land between tenants in common, joint tenants, or tenants by the entirety.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Transfer to a charity, not-for-profit organization, or government.

5. Estimated value of personal property: \$ _____

6. Sales price: \$ 646,500.00

YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Is the seller financing sale? If yes, answer questions (8-13).
<input type="checkbox"/>	<input type="checkbox"/>	8. Is buyer/borrower personally liable for loan?
<input type="checkbox"/>	<input type="checkbox"/>	9. Is this a mortgage loan?
10. Amount of loan:		\$ _____
11. Interest rate:		% _____
12. Amount in points:		\$ _____
13. Amortization period:		_____

RECEIVED
MAY 16 2017

INDIANA SALES DISCLOSURE FORM

SDF ID: 275793

PREPARER	
Laura Rininger <i>Preparer of the Sales Disclosure Form</i>	Closing Coordinator <i>Title</i>
7820 Eagle Crest Blvd Ste 201 <i>Address (Number and Street)</i>	Regional Title Services, LLC <i>Company</i>
Evansville, IN 47715 <i>City, State, and ZIP Code</i>	 <i>E-mail</i>

Bill Stutz
Vanderburgh County Assessor

SELLER(S) / GRANTEE(S)	
CAC Development Company, LLC <i>Seller 1 - Name as appears on conveyance document</i>	 <i>Seller 2 - Name as appears on conveyance document</i>
1422 Stockwell Rd. <i>Address (Number and Street)</i>	 <i>Address (Number and Street)</i>
Evansville, IN 47715 <i>City, State, and ZIP Code</i>	 <i>City, State, and ZIP Code</i>
	 <i>Telephone Number</i> <i>E-mail</i>
<p>re, to the best of my knowledge and belief, is true, correct with IC 6-1.1-5.5, "Real Property Sales Disclosure Act".</p>	
 <i>Signature of Seller</i>	
Christopher A. Combs, Sole Member <i>Printed Name of Seller</i>	 <i>Printed Name of Seller</i>
5-1-17 <i>Sign Date (MM/DD/YYYY)</i>	 <i>Sign Date (MM/DD/YYYY)</i>

BUYER(S) / GRANTEE(S) APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY	
Robert C. Shumate <i>Buyer 1 - Name as appears on conveyance document</i>	April S. Shumate <i>Buyer 2 - Name as appears on conveyance document</i>
7216 SW 44th Ct. <i>Address (Number and Street)</i>	7216 SW 44th Ct. <i>Address (Number and Street)</i>
Davie, FL 33314 <i>City, State, and ZIP Code</i>	Davie, FL 33314 <i>City, State, and ZIP Code</i>

THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL OF THOSE THAT APPLY.

YES	NO	CONDITION	YES	NO	CONDITION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Will this property be the buyer's primary residence? Provide complete address of primary residence, including county:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Homestead
		4101 Archer Dr. <i>Address (Number and Street)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Solar Energy Heating/Cooling System
		Evansville, IN 47725 <i>City, State, ZIP Code</i> Vanderburgh <i>County</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Wind Power Device
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Does the buyer have a homestead in Indiana to be vacated for this residence? If yes, provide complete address of residence being vacated, including county:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Hydroelectric Power Device
		 <i>Address (Number and Street)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Geothermal Energy Heating/Cooling Device
		 <i>City, State, ZIP Code</i> <i>County</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Is this property a residential rental property?
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Would you like to receive tax statements for this property via e-mail? (Provide contact information below. Please see instructions for more information. Not available in all counties.)
			 <i>Primary property owner contact name</i>		 <i>E-mail</i>

Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note:

<i>Signature of Buyer 1</i>	<i>5/1/17</i>	<i>5/1/17</i>
Robert C. Shumate <i>Printed Legal Name of Buyer 1</i>	April S. Shumate <i>Printed Legal Name of Buyer 2 / Spouse</i>	

PART 2: COUNTY ASSESSOR

The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending to the auditor:

1. Property	2. AV Land	3. AV Improvement	4. Value of Personal Property	5. AV Total	6. Property Class Code	7. Neighborhood Code	8. Tax District	9. Acreage
A)	45400	40900	0	450200	50	20077-019		0.413
B)								

10. Identify physical changes to property between March 1 and date of sale:

Assessor Stamp
APPROVED
MAY 03 2017
Vanderburgh County Assessor

YES	NO	CONDITION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Is form completed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. State sales fee required?
		13. Date of sale (MM/DD/YYYY): 05-03-17
		14. Date form received (MM/DD/YYYY): 05-03-17

PART 3: COUNTY AUDITOR

Vanderburgh County Auditor's Office

FILED
MAY 03 2017
Auditor's Office

1. Disclosure fee amount collected: \$ 10	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>CONDITION</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6. Is form completed?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7. Is state fee collected?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>8. Attachments complete?</td> </tr> <tr> <td></td> <td></td> <td>18. Validated by: SMT</td> </tr> </tbody> </table>	YES	NO	CONDITION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Is form completed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Is state fee collected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Attachments complete?			18. Validated by: SMT
YES		NO	CONDITION													
<input checked="" type="checkbox"/>		<input type="checkbox"/>	6. Is form completed?													
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<input checked="" type="checkbox"/>		<input type="checkbox"/>	8. Attachments complete?													
		18. Validated by: SMT														
2. Other Local Fee: \$ 5																
3. Total Fee Collected: \$ 15																
4. Auditor receipt book number: 26833																
5. Date of transfer (MM/DD/YYYY): NA																

REGISTRATION FOR CLAIM OF DEDUCTION OF ASSESSED VALUATION

82-04-26-002-866-020-019 Robert C + April A Shumate
SDF ID SDF Date (MM/DD/YYYY) Buyer 1 - Name as appears on conveyance document

Parcel Number
Address of Property (Number and Street)
City, State, and ZIP Code of Property

Check all that apply:
 Homestead Solar Energy Wind Power
 Hydroelectric Geothermal Rental Property
 Electronic Statement (e-mail)

Auditor Signature: Brian Gerth
Date (MM/DD/YYYY)

A person who knowingly and intentionally falsifies value of transferred real property, or omits or falsifies any information required to be provided in the sales disclosure form commits a Class C felony.

Regional Title Services

HOMESTEAD RECEIPT GIVEN TO TAXPAYER

VANDERBURGH COUNTY FILED

MAY 03 2017

Auditor's Office