

## State Form 46234 (R6/6-14)

7/31/2025

Seller states that the information contained in this Disclosure is correct to the best of Seller's CURRENT ACTUAL KNOWLEDGE as of the above date. The prospective buyer and the owner may wish to obtain professional advice or inspections of the property and provide for appropriate provisions in a contract between them concerning any advice, inspections, defects, or warranties obtained on the property. The representations in this form are the representations of the owner and are not the representations of the agent, if any. This information is for disclosure only and is not intended to be a part of any contract between the buyer and the owner. Indiana law (IC 32-21-5) generally requires sellers of 1-4 unit residential property to complete this form regarding the known physical condition of the property. An owner must complete and sign the disclosure form and submit the form to a prospective buyer before an offer is accepted for the sale of the real estate.

**22377 Madison Road, South Bend, IN 46614-9438**

| A. APPLIANCES             |                       |                       |             |                                                                                      | C. WATER & SEWER SYSTEM  |                                     |                       |             |  |
|---------------------------|-----------------------|-----------------------|-------------|--------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-----------------------|-------------|--|
| None/Not Included/ Rented | Defective             | Not Defective         | Do Not Know | None/Not Included Rented                                                             | Defective                | Not Defective                       | Do Not Know           |             |  |
| Built-in Vacuum System    | <input type="radio"/> |                       |             | Cistern                                                                              | <input type="radio"/>    |                                     |                       |             |  |
| Clothes Dryer             | <input type="radio"/> |                       |             | Septic Field/Bed                                                                     |                          | <input type="radio"/>               |                       |             |  |
| Clothes Washer            | <input type="radio"/> |                       |             | Hot Tub                                                                              | <input type="radio"/>    |                                     |                       |             |  |
| Dishwasher                |                       | <input type="radio"/> |             | Plumbing                                                                             |                          | <input type="radio"/>               |                       |             |  |
| Disposal                  |                       | <input type="radio"/> |             | Aerator System                                                                       | <input type="radio"/>    |                                     |                       |             |  |
| Freezer                   | <input type="radio"/> |                       |             | Sump Pump                                                                            |                          | <input type="radio"/>               |                       |             |  |
| Gas Grill                 | <input type="radio"/> |                       |             | Irrigation Systems                                                                   |                          | <input type="radio"/>               |                       |             |  |
| Hood                      |                       | <input type="radio"/> |             | Water Heater/Electric                                                                | <input type="radio"/>    |                                     |                       |             |  |
| Microwave Oven            |                       | <input type="radio"/> |             | Water Heater/Gas                                                                     |                          | <input type="radio"/>               |                       |             |  |
| Oven                      |                       | <input type="radio"/> |             | Water Heater/Solar                                                                   | <input type="radio"/>    |                                     |                       |             |  |
| Range                     |                       | <input type="radio"/> |             | Water Purifier                                                                       | <input type="radio"/>    |                                     |                       |             |  |
| Refrigerator              |                       | <input type="radio"/> |             | Water Softener                                                                       |                          | <input type="radio"/>               |                       |             |  |
| Room Air Conditioner(s)   | <input type="radio"/> |                       |             | Well                                                                                 |                          | <input type="radio"/>               |                       |             |  |
| Trash Compactor           | <input type="radio"/> |                       |             | Septic and Holding Tank/Septic Mound                                                 | <input type="radio"/>    |                                     |                       |             |  |
| TV Antenna/Dish           | <input type="radio"/> |                       |             | Geothermal and Heat Pump                                                             | <input type="radio"/>    |                                     |                       |             |  |
| Other: NA                 |                       |                       |             | Other Sewer System (Explain)<br>double tank                                          | <input type="radio"/>    |                                     |                       |             |  |
|                           |                       |                       |             | Swimming Pool & Pool Equipment                                                       |                          | <input type="radio"/>               |                       |             |  |
|                           |                       |                       |             |                                                                                      |                          | Yes                                 | No                    | Do Not Know |  |
|                           |                       |                       |             | Are the structures connected to a public water system?                               |                          | <input type="radio"/>               |                       |             |  |
|                           |                       |                       |             | Are the structures connected to a public sewer system?                               |                          | <input type="radio"/>               |                       |             |  |
|                           |                       |                       |             | Are there any additions that may require improvements to the sewage disposal system? |                          | <input type="radio"/>               |                       |             |  |
|                           |                       |                       |             | If yes, have the improvements been completed on the sewage disposal system?          |                          | <input checked="" type="checkbox"/> |                       |             |  |
|                           |                       |                       |             | Are the improvements connected to a private/community water system?                  |                          | <input type="radio"/>               |                       |             |  |
|                           |                       |                       |             | Are the improvements connected to a private/community sewer system?                  |                          | <input type="radio"/>               |                       |             |  |
|                           |                       |                       |             | D. HEATING & COOLING SYSTEM                                                          | None/Not Included Rented | Defective                           | Not Defective         | Do Not Know |  |
|                           |                       |                       |             | Attic Fan                                                                            | <input type="radio"/>    |                                     |                       |             |  |
|                           |                       |                       |             | Central Air Conditioning                                                             |                          |                                     | <input type="radio"/> |             |  |
|                           |                       |                       |             | Hot Water Heat                                                                       | <input type="radio"/>    |                                     |                       |             |  |
|                           |                       |                       |             | Furnace Heat/Gas                                                                     |                          |                                     | <input type="radio"/> |             |  |
|                           |                       |                       |             | Furnace Heat/Electric                                                                | <input type="radio"/>    |                                     |                       |             |  |
|                           |                       |                       |             | Solar House-Heating                                                                  | <input type="radio"/>    |                                     |                       |             |  |
|                           |                       |                       |             | Woodburning Stove                                                                    | <input type="radio"/>    |                                     |                       |             |  |
|                           |                       |                       |             | Fireplace                                                                            |                          |                                     | <input type="radio"/> |             |  |
|                           |                       |                       |             | Fireplace Insert                                                                     | <input type="radio"/>    |                                     |                       |             |  |
|                           |                       |                       |             | Air Cleaner                                                                          | <input type="radio"/>    |                                     |                       |             |  |
|                           |                       |                       |             | Humidifier                                                                           | <input type="radio"/>    |                                     |                       |             |  |
|                           |                       |                       |             | Propane Tank                                                                         | <input type="radio"/>    |                                     |                       |             |  |
|                           |                       |                       |             | Other Heating Source                                                                 | <input type="radio"/>    |                                     |                       |             |  |

|                                                                                                                                                                            |                               |                                  |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|-----------------|
| Signature of Seller<br><i>Caroline E. Seltman</i>                                                                                                                          | Date (mm/dd/yy)<br>07/31/2025 | Signature of Buyer               | Date (mm/dd/yy) |
| Signature of Seller                                                                                                                                                        | Date (mm/dd/yy)               | Signature of Buyer               | Date (mm/dd/yy) |
| The Seller hereby certifies that the condition of the property is substantially the same as it was when the Seller's Disclosure form was originally provided to the Buyer. |                               |                                  |                 |
| Signature of Seller (at closing)                                                                                                                                           | Date (mm/dd/yy)               | Signature of Seller (at closing) | Date (mm/dd/yy) |

| 2. ROOF                                                | YES                                 | NO                       | DO NOT KNOW |
|--------------------------------------------------------|-------------------------------------|--------------------------|-------------|
| Age, if known 2023 Years. 2 years                      | <input checked="" type="checkbox"/> |                          |             |
| Does the roof leak?                                    |                                     | <input type="radio"/>    |             |
| Is there present damage to the roof?                   |                                     | <input type="radio"/>    |             |
| Is there more than one layer of shingles on the house? |                                     | <input type="radio"/>    |             |
| If yes, how many layers?                               |                                     | <input type="checkbox"/> |             |
|                                                        |                                     |                          |             |

|                                                                                                                                                                                                                                                                                     |  |                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|
| Have there been or are there any hazardous conditions on the property, such as methane gas, lead paint, radon gas in house or well, radioactive material, landfill, mineshaft, expansive soil, toxic materials, mold, other biological contaminants, asbestos insulation, or PCB's? |  | <input type="radio"/> |  |
| Is there any contamination caused by the manufacture or a controlled substance on the property that has not been certified as decontaminated by an inspector approved under IC 13-14-1-15?                                                                                          |  | <input type="radio"/> |  |
| Has there been manufacture of methamphetamine or dumping of waste from the manufacture of methamphetamine in a residential structure on the property?                                                                                                                               |  | <input type="radio"/> |  |

**E. ADDITIONAL COMMENTS AND/OR EXPLANATIONS:**  
(Use additional pages, if necessary)

|                                                                                                                                    |                               |                    |                 |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------|-----------------|
|  Signature of Seller<br><i>Cathie L Szklarek</i> | Date (mm/dd/yy)<br>07/31/2025 | Signature of Buyer | Date (mm/dd/yy) |
| Signature of Seller                                                                                                                | Date (mm/dd/yy)               | Signature of Buyer | Date (mm/dd/yy) |

|                                  |                 |                                  |                 |
|----------------------------------|-----------------|----------------------------------|-----------------|
| Signature of Seller (at closing) | Date (mm/dd/yy) | Signature of Seller (at closing) | Date (mm/dd/yy) |
|----------------------------------|-----------------|----------------------------------|-----------------|

