

LIMITED POWER OF ATTORNEY

The undersigned hereby appoints any employee of **Metropolitan Title of Indiana, LLC** and/or _____, as our Attorney-in-Fact for the sole purpose of signing our name(s) on the Sales Disclosure Form, which form is State Form 46021 prescribed by the Indiana State Board of Tax Commissioners, relative to all or portions of the following described real estate:

PARCEL I:

Lots Numbered 91 and 92 in Hanna's Addition, as recorded in the plat thereof, in the Office of the Recorder of Allen County, Indiana.

ALSO:

The South 20 feet of the West 46 feet of Lot Number 90 in Samuel Hanna's First Addition to the City of Fort Wayne, Allen County, Indiana.

TOGETHER WITH:

A Non-Exclusive Easement of Ingress and Egress described as follows:

The South 20 feet of the East 14 feet of Lot Number 90 in Samuel Hanna's First Addition to the City of Fort Wayne, Allen County, Indiana.

PARCEL II:

Parcel A: The East 30 feet of Lot Number 88, together with the West Half of Lot Number 88 and all of Lot 89, also, a 10 foot alley lying between Lots 88 and 89 in Hanna's Addition, as recorded in Deed Record B, page 447, in the Office of the Recorder of Allen County, Indiana.

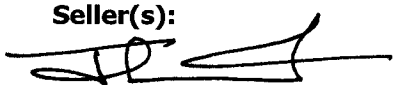
Parcel B: Lot Number 90, except the South 20 feet of the West 46 feet, in Hanna's Addition as recorded in Deed Record B, page 447, in the Office of the Recorder of Allen County, Indiana.

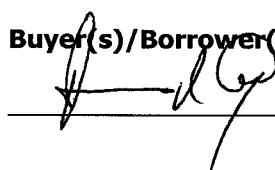
Any one of the named Attorneys-in-Fact shall have authorization hereunder.

Signed: November 10, 2016.

Seller(s):

Buyer(s)/Borrower(s):





Acknowledged before me on this date: November 10, 2016.

My commission expires: _____



Jeffrey R. Klaehn, Notary Public
Allen County, State of Indiana
My Commission Expires 12-1-2023

Signature 

Printed _____, Notary Public

Residing in _____ County, Indiana



SALES DISCLOSURE FORM

State Form 46021 (R9/7-09)

Prescribed by Department of Local Government Finance
Pursuant to IC 6-1.1-5.5

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(d).

SDF ID

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 County Year Unique ID
 SDF Date: _____

PART 1 - To be completed by BUYER/GRANTEE and SELLER/GRANTOR
A. PROPERTY TRANSFERRED - MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT

1. Property Number	Check box if applicable to parcel	5. Complete Address of Property	6. Complete Tax Billing Address (if different from property address)
A.) 02-12-02-484-001.000-074	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement	410 E Washington Blvd Fort Wayne IN 46802	301 W. SUPERIOR STREET FORT WAYNE, IN 46802
7. Legal Description of Parcel A: Lot 91 92 Hanna Add			
B.) 02-12-01-351-001.000-074	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement	412 E Washington Blvd Fort Wayne IN 46802	301 W. SUPERIOR STREET FORT WAYNE, IN 46802
7. Legal Description of Parcel B: Ex S 20 Of W 46 Ft Lot 90 Saml Hanna 1st Add			

B. CONDITIONS - IDENTIFY ALL THAT APPLY **C. SALES DATA - DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15**

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 type="checkbox"/>	<input checked="" 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): <u>11.10.2016</u>		
2. Total number of parcels: <u>4</u>		
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.		
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 checked="" type="checkbox"/>	<input type="checkbox"/>	15. Transfer to a charity, not-for-profit organization, or government.

5. Estimated value of personal property:	\$	0.00
6. Sales price:	\$	1,100,000.00
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:		



SALES DISCLOSURE FORM

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SDF ID

County Year Unique ID

SDF Date:

PART 1 - To be completed by BUYER/GRANTEE and SELLER/GRANTOR
A. PROPERTY TRANSFERRED - MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT

1. Property Number: A.) 02-12-01-351-008.000-074
Check box if applicable to parcel: 2. Split, 3. Land, 4. Improvement
5. Complete Address of Property: 412 E Washington Blvd (beh) Fort Wayne IN 46802
6. Complete Tax Billing Address (if different from property address): 301 W. SUPERIOR STREET FORT WAYNE, IN 46802

7. Legal Description of Parcel A: S 20 Of W 46 Ft Lot 90 Saml Hanna 1st aDD

1. Property Number: B.) 02-12-01-351-002.000-074
Check box if applicable to parcel: 2. Split, 3. Land, 4. Improvement
5. Complete Address of Property: 420 E Washington Blvd Fort Wayne IN 46802
6. Complete Tax Billing Address (if different from property address): 301 W. SUPERIOR STREET FORT WAYNE, IN 46802

7. Legal Description of Parcel B: Lots 88 & 89 & 10ft Vac Alley Hanna Add

B. CONDITIONS - IDENTIFY ALL THAT APPLY | **C. SALES DATA - DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15**

If condition 1 applies, filer is subject to disclosure and a disclosure filing fee.
YES NO CONDITION
1. A transfer of real property interest for valuable consideration.
2. Buyer is an adjacent property owner.
3. Vacant land.
4. Exchange for other real property ("Trade").
5. Seller paid points.
6. Change planned in the primary use of the property?
7. Existence of family or business relationship between buyer and seller.
8. Land contract. Contract term (YY): and contract date (MM/DD/YYYY):
9. Personal property included in transfer.
10. Physical changes to property between March 1 and date of sale.
11. Partial interest.
12. Easements or right-of-way grants.

1. Conveyance date (MM/DD/YYYY): 11.10.2016
2. Total number of parcels: 4
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.

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

5. Estimated value of personal property: \$ 0.00
6. Sales price: \$ 1,100,000.00

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

D. PREPARER

JEFF KLAEHN
Preparer of the Sales Disclosure Form

9604 COLDWATER ROAD STE 105
Address (Number and Street)

FORT WAYNE, IN 46825
City, State, and ZIP Code

COMMERCIAL MANAGER
Title

METROPOLITAN TITLE
Company

260-497-9469
Telephone Number

E-mail

E. SELLER(S)/GRANTOR(S)

400 E Washington LLC
Seller 1 - Name as appears on conveyance document

2120 E Washington Blvd
Address (Number and Street)

Fort Wayne IN 46803
City, State, and ZIP Code

260-420-8138 K211
Telephone Number

E-mail

Seller 2 - Name as appears on conveyance document

Address (Number and Street)

City, State, and ZIP Code

Telephone Number

E-mail

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".

[Signature]
Signature of Seller

Thomas Current mgr 11-10-16
Printed Name of Seller *Sign Date (MM/DD/YYYY)*

Signature of Seller

Printed Name of Seller *Sign Date (MM/DD/YYYY)*

F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS- IDENTIFY ALL ITEMS THAT APPLY

THE FORT WAYNE RESCUE MISSION MINISTRIES, INC.
Buyer 1 - Name as appears on conveyance document

301 W. SUPERIOR STREET
Address (Number and Street)

FORT WAYNE, IN 46802
City, State, and ZIP Code

260-426-7357 x113
Telephone Number

E-mail

Buyer 2 - Name as appears on conveyance document

Address (Number and Street)

City, State, and ZIP Code

Telephone Number

E-mail

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 type="checkbox"/>	<input checked="" type="checkbox"/>	1. Will this property be the buyer's primary residence? Provide complete address of primary residence, including county:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Homestead
<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"/>	4. Solar Energy Heating/Cooling System
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Wind Power Device
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Hydroelectric Power Device
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Geothermal Energy Heating/Cooling Device
			<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.)

301 W. SUPERIOR STREET
Address (Number and Street)

FORT WAYNE, IN 46802
City, State ZIP Code *County*

Address (Number and Street)

City, State ZIP Code *County*

Primary property owner contact name *E-mail*

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: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)

[Signature]
Signature of Buyer 1

Donna A Colby CEO 11-10-16
Printed Legal Name of Buyer 1 *Sign Date (MM/DD/YYYY)*

Signature of Buyer 2/Spouse

Printed Legal Name of Buyer 2/Spouse *Sign Date (MM/DD/YYYY)*

Last 5 digits of Buyer 1 Driver's License/ID/Other Number *State* *Last 5 Digits of Social Security Number*

Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number *State* *Last 5 Digits of Social Security Number*

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.)								
B.)								

Assessor Stamp	10. Identify physical changes to property between March 1 and date of sale. _____ _____ _____ _____ _____	YES	NO	CONDITION
		<input type="checkbox"/>	<input type="checkbox"/>	11. Is form completed?
		<input type="checkbox"/>	<input type="checkbox"/>	12. State sales fee required?
		13. Date of sale (MM/DD/YYYY): _____		
		14. Date form received (MM/DD/YYYY): _____		

Items 15 through 18 are to be completed by the assessor when validating this sale:

15. If applicable, identify any additional special circumstances relating to validation of sale. _____ _____ _____ _____ _____ _____	YES	NO	CONDITION
	<input type="checkbox"/>	<input type="checkbox"/>	16. Sale valid for trending?
	<input type="checkbox"/>	<input type="checkbox"/>	17. Validation of sale complete?
	18. Validated by: _____		

PART 3 - COUNTY AUDITOR

Auditor Stamp	1. Disclosure fee amount collected: \$ _____ 2. Other Local Fee: \$ _____ 3. Total Fee Collected: \$ _____ 4. Auditor receipt book number: _____ 5. Date of transfer (MM/DD/YYYY): _____	YES	NO	CONDITION
		<input type="checkbox"/>	<input type="checkbox"/>	6. Is form completed?
		<input type="checkbox"/>	<input type="checkbox"/>	7. Is state fee collected?
		<input type="checkbox"/>	<input type="checkbox"/>	8. Attachments complete?

PART 4 - RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION

SDF ID _____ SDF Date (MM/DD/YYYY) _____ Parcel Number _____	Buyer 1 - Name as appears on conveyance document _____ Address of Property (Number and Street) _____ City, State, and ZIP Code of Property _____ Auditor Signature _____ Date (MM/DD/YYYY) _____
Check all that apply: <input type="checkbox"/> Homestead <input type="checkbox"/> Solar Energy <input type="checkbox"/> Wind Power <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Rental Property <input type="checkbox"/> Electronic Statement (e-mail)	

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.