

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:

The West 30 feet of Lot Numbered 87 in Hanna's Addition to the Town, now City of Fort Wayne, Allen County, Indiana.

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

Signed: May 09, 2017.

Seller(s):

Sharon Jones
Susan D Wall

Buyer(s)/Borrower(s):

[Signature]

Acknowledged before me on this date: May 09, 2017.

My commission expires:

Signature *[Signature]*

Printed _____, Notary Public

Residing in _____ County, Indiana



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



SALES DISCLOSURE FORM

State Form 46021 (R11/12-11)
 Prescribed by Department of Local Government Finance
 Pursuant to IC 6-1.1-5.5

SDF ID	Allen	2017	
	County	Year	Unique ID
SDF Date: _____			

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).

1. Parcel Number	Check box if applicable to parcel	5. Complete Address of Property	6. Complete Tax Billing Address (if different from property address)
A.) 02-12-01-351-005.000-074	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement	430 E. Washington Boulevard Fort Wayne, IN 46802	301 W Superior St Fort Wayne, IN 46802

7. Legal Description of Parcel A: The West 30 feet of Lot Numbered 87 in Hanna's Addition to the Town, now City of Fort Wayne, Allen County, Indiana.

B.)	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement		
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7. Legal Description of Parcel B:

If conditions 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 checked="" type="checkbox"/>	<input 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 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 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 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): 5.9.2017

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.

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: \$ _____

6. Sales price: \$ 270,000.00

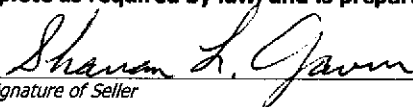
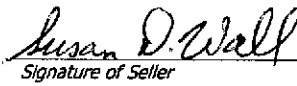
YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Is the seller financing sale? If yes, answer questions (8-13)
<input type="checkbox"/>	<input type="checkbox"/>	8. Is buyer/borrower personally liable for loan?
<input type="checkbox"/>	<input type="checkbox"/>	9. Is this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

jeff klaehn <i>Preparer of the Sales Disclosure Form</i> 9604 Coldwater Road, Suite 105 <i>Address (Number and Street)</i> Fort Wayne, IN 46825 <i>City, State, and ZIP Code</i>	_____ <i>Title</i> Metropolitan Title of Indiana, LLC <i>Company</i> (260)497-9469 <i>Telephone Number</i>	_____ <i>E-mail</i> ftwdocs@metrotcl.com
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Sharran L. Gavin
Seller 1 - Name as appears on conveyance document
 1212 VANCE AVE
Address (Number and Street)
 Ft. Wayne, IN 46805
City, State, and ZIP Code
 260-437-6500
Telephone Number

Susan D. Wall
Seller 2 - Name as appears on conveyance document
 6214 Ranger Trl
Address (Number and Street)
 Ft. Wayne, IN 46835
City, State, and ZIP Code
 260-437-6500
Telephone Number

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".

 <i>Signature of Seller</i> Sharran L. Gavin <i>Printed Name of Seller</i>	May 09, 2017 <i>Sign Date (MM/DD/YYYY)</i>	 <i>Signature of Seller</i> Susan D. Wall <i>Printed Name of Seller</i>	May 09, 2017 <i>Sign Date (MM/DD/YYYY)</i>
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The Fort Wayne Rescue Mission Ministries, Inc.
Buyer 1 - Name as appears on conveyance document
 301 W SUPERIOR ST
Address (Number and Street)
 Fort Wayne, IN 46802
City, State, and ZIP Code
 260-426-7357
Telephone Number

Buyer 2 - Name as appears on conveyance document

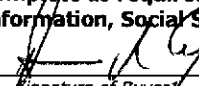
Address (Number and Street)
 Fort Wayne, IN 46802
City, State, and ZIP Code

Telephone Number

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
_____ <i>Address (Number and Street)</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Solar Energy Heating/Cooling System
_____ <i>City, State ZIP Code</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Wind Power Device
_____ <i>County</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Hydroelectric 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"/>	7. Geothermal Energy Heating/Cooling Device
_____ <i>Address (Number and Street)</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Is this property a residential rental property?
_____ <i>City, State ZIP Code</i>			<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>County</i>			_____ <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: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)

 <i>Signature of Buyer 1</i> The Fort Wayne Rescue Mission Ministries, Inc. <i>Printed Legal Name of Buyer 1</i>	May 09, 2017 <i>Sign Date (MM/DD/YYYY)</i>	_____ <i>Signature of Buyer 2/Spouse</i>	May 09, 2017 <i>Sign Date (MM/DD/YYYY)</i>
_____ <i>Last 5 digits of Buyer 1 Driver's License/ID/Other Number</i>	_____ <i>State</i>	_____ <i>Last 5 Digits of Social Security Number License/ID/Other Number</i>	_____ <i>State</i>

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: _____		

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?

_____ SDF ID 02-12-01-351-005.000-074 Parcel Number _____ May 09, 2017 SDF 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) _____	The Fort Wayne Rescue Mission Ministries, Inc. Buyer 1 - Name as appears on conveyance document 430 E. Washington Boulevard Address of Property (Number and Street) Fort Wayne, IN 46802 City, State, and ZIP Code of Property _____ Auditor Signature _____ Date (MM/DD/YYYY) _____
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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.