THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. USING THIS FORM, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTING SPECIAL CLAUSES MAY CONSTITUTE THE PRACTICE OF LAW, WHICH SHOULD BE PERFORMED ONLY BY A LAWYER.

MEMORANDUM OF CONTRACT

This Memorandum of Contract is executed the ______ day of ______, 20____, by and between the parties named below. Said parties have entered into Contract for Conditional Sale of Real Estate, on this date, whereby Seller(s) for consideration, are selling to Buyer(s) and Buyer(s) are purchasing from Seller(s) real described below located in ______, County, Indiana. The parties execute this Memorandum of Contract for the public record and the reliance thereon and notice to those interested in the title to the real estate described herein.

SELLER(S):

BUYER(S):

LEGAL DESCRIPTION OF REAL ESTATE:

COMMON ADDRESS: _____

DATE OF CONTRACT FOR CONDITIONAL SALE OF REAL ESTATE:

DATE OF FINAL PAYMENT: ______.

REAL ESTATE TAX PARCEL ID NUMBER:______.

ADDRESS FOR REAL ESTATE TAX BILLS: _____

| | Seller | | Buyer |
|--|-----------------------|------------------------------------|---------------------------------|
| | Seller | | Buyer |
| STATE OF INDIANA |)) SS: | | |
| COUNTY OF | _) | | |
| Before me, the undersigned, a Not | tary Public in and fo | r said County and State, this | day ofand |
| 20, personally appeared | | Seller(s) and acknowle | dged the execution of the above |
| and foregoing to be his/her/their voluntary a official seal. | act and deed. In with | ness whereof, I have hereunto subs | cribed my name and affixed my |
| My commission expires: | | Signature | |
| Resident of | _County, Indiana | Printed | Notary Public |
| STATE OF INDIANA |)) SS: | | |
| COUNTY OF | _) | | |
| Before me, the undersigned, a Not | tary Public in and fo | r said County and State, this | day ofand |
| 20, personally appeared | | . Buyer(s) and acknowle | dged the execution of the above |
| and foregoing to be his/her/their voluntary a official seal. | act and deed. In witr | ness whereof, I have hereunto subs | cribed my name and affixed my |
| My commission expires: | | Signature | |
| Resident of | _County, Indiana | Printed | Notary Public |
| This Instrument was prepared by: | | | , Attorney At Law |

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I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.