ATTACHMENT 4
BILL OF SALE

THIS INDENTURE WITNESSES, that _____

_____ ("Grantor"), for and in consideration of the sum of One Dollar ($1.00) and other valuable consideration, receipt of which is hereby acknowledged, hereby DEDICATES, CONVEYS, and WARRANTS to the Clay Township Regional Waste District, an Indiana municipal corporation ("Grantee"), all of the sanitary sewer improvements, facilities, and appurtenances located within all utility easements and road right-of-ways as shown in the plat of _____ (name of subdivision), recorded _____(date) in the Office of the Recorder of _____ County, Indiana [or "as shown in the attached survey of _____ (name of development) dated _____which is incorporated herein by specific reference."]

Grantor represents and warrants that it is the lawful owner of the property transferred hereunder and that there are no unpaid laborers, subcontractors and/or materialmen who have furnished labor or materials in connection with the purchase and installation of the property so transferred.

IN WITNESS WHEREOF, Grantor has caused this Bill of Sale to be executed this

_____ day of _____, 20____.

_____
Grantor
Printed: _____

STATE OF _____)
) ss:
COUNTY OF _____)

Before me, a Notary Public, in and for said County and State, personally appeared _____, who acknowledged the execution of the foregoing Bill of Sale, and who, having been duly sworn, stated that any representations contained therein are true.

Witness my hand and Notarial Seal this _____ day of _____, 20___.

_____
Notary Public
Printed: _____

My Commission Expires: _____

This instrument prepared by: Anne Hensley Poindexter, CAMPBELL KYLE PROFFITT LLP, One Penn Mark, Suite 701, 11595 N. Meridian St., Carmel, Indiana 46032, (317) 846-6514, fax (317) 843-8097.

Pursuant to I.C. 32-5-2-2, reference is hereby made to Deed Record Instrument No. _____ (or Book _____, page _____), in the Office of the Recorder of _____ County, State of Indiana.

I affirm under the penalties for perjury, that I have taken reasonable care to redact each social security number in the document, unless required by law. _____(Name)