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A WARNING TO THE PARTIES TO A TRANSFER OF PROPERTY:

It is highly unlikely that the single act of reading this document would be found to constitute "all appropriate inquiry into the previous ownership and uses of the property" so as to protect you against liability under the "innocent purchaser" provision of the federal Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. 9601(35)(B). You are strongly encouraged not only to read this document carefully but also to take all other actions necessary to Chalescois of the diligence in your inquiry into the previous ownership and uses of the property.

This Document is the property of the Lake County Recorder!

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CHARTER MEDICAL - LAKE COUNTY, INC.
(D/B/A CHARTER HOSPITAL OF NORTHWEST, IN)

# ENVIRONMENTAL DISCLOSURE DOCUMENT FOR TRANSFER OF REAL PROPERTY

This following information is provided under IC 13-7=22.5, the Responsible Property Transfer Law:	For Use By County Recorder's Office County Date Doc. No. Vol. Page: Rec'd by:
I. PROPERTY IDENTIFICATION  A. Address of property: 101 W. 61st	Avenue
Stree	
City or Romcum	Township
No. (Key Number): This 27527 1005 100	PICIAL!
B. Legal Description: the Lake County Section: Township 3.5  Enter or attach: complete legal description in See attached Schedule A	North Range 7 West this area:
Transferors and transferees of real property are a control of such property may render them liab whether or not they caused or contributed to the in association with the property.  C. Property Characteristics:  Lot-Size  Check all types of improvement and uses that be	dvised that their ownership or other le for environmental cleanup costs presence of environmental problems
Check all types of improvement and uses that per Apartment building (6 units or less)  Commercial apartment (over 6 units)  Store, office, commercial building  Industrial building  Farm, with buildings  X Other (specify) Hospital	MAuri

### II. NATURE OF TRANSFER

	Yes	No
A. (1) Is this a transfer by deed or other instrument of		X
conveyance of fee title to property? (2) Is this attransfer by assignment of over 25% of		
beneficial interest-of-a land trust?		X:
(3) A lease exceeding a term of 40 years?		<u>X</u> X
(4) A collateral assignment of beneficial interest?	<del></del>	<u> </u>
(5) An installment contract for the sale of property?		<u>X</u>
(6) A mortgage or trust deed?	X	
(7) A lease of any duration that includes an option		
to: purchase?	<del></del>	<u> </u>
B. (1) Identify Transferor: Document is	No	white and Tudinus
Charter Medical Plake County, Inc	i d kb/a	rthwest, Indiana): Charter Hospital of/
Trust No. Name and Address of Trustee if this interest of a land trust. Document is the prop	s a transf	er of beneficial
interest of a land trust. Document is the prop	erty of	
the Lake County Recor	aer!	
(2) Identify-person who has completed this form or	behalfrof	the Transferor
and who has knowledge of the information contained	din this fo	rin:
Charlotte A. Sanford, Treasurer of Ch	iarter M	edical - Lake County, Inc
Name, Position (if any), and address		Telephone No
Charter Medical Corporation, 577 Mulb	erry St	912-742-1161
C. Identify Transferee:	······································	Macon, GA 31290/
STORD SOLE		
Bankers Trust Company, as collateral	agent	
Name and Current Address of Transferee		
280 Park Avenue, New York, New York 1	0015	
ENVIRONMENTAL INFORMATION		
A Regulatory/Information During Current/Ourseaching		

## III

A. Regulatory Information During Current Ownership

1. Has the transferor ever conducted operations on the property which involved the generation, manufacture, processing, transportation, treatment, storage, or handling of a "hazardous substance," as defined by IC 13-7-8.7-1? This question does not apply to consumer goods stored or handled by a retailer in the same form and approximate amount, concentration, and manner as they are sold to consumers, unless the retailer has engaged in any commercial mixing (other than paint mixing or tinting of consumer sized containers), finishing, refinishing, servicing, or cleaning operations on the property.

Yes \_ No X

2; Has the transferor ever conducted operations on the property which involved the processing, storage, or handling of petrol um, other than that which was associated	ne: any of the following actions relative to this e- e- property? di Yes	ground/along the base of slopes or, at other low points on or immediately adjacent to the site?
directly with the transferor's vehice usage?  Yes: X  No	(A) Filed an emergency and hazardous chemical inventory form pursuant to the federal: Emergency Planning, and Community Right-to-Know Act of 1986 (42 U.S.C. 11022).	(C) Is there an environmental defect (as defined in IC 13-7-22.5-1.5). No X no the property that is not reported under question (A) or (B)?  If the answer is-Yes, describe the environmental defect:
ations: on the property which involved it generation, transportation, storage, tree ment, or disposal of "hazardous waste", defined in IC 13-7-1?	(B) Filed a toxic chemical release form Yes X	· · · · · · · · · · · · · · · · · · ·
Yes No _X 4. Are there any of the following speci		10. Is the facility currently operating; un-
units (operating or closed) at the proper that are used or were used by the transfe or to manage hazardous wastes, hazardo substances, or petroleum?	(A) Written notification regarding Yes known, suspected; or alleged contamination on or any native from 15	der a variance granted by the commissioner of the Indiana department of environmental management?  Yes:
Landfill X.	(B) Filing an environmental en	No X  11. Has the transferor ever conducted an activity on the site without obtaining a
Surface Impoundment Land Application Waste Pile Incinerator Storage Tank (Above Ground)	is Lingument is the property the wastern with the conder	permit from the U.S. Environmental Pro-
	was Yes, then indicate whether or No	ment, or another administrative agency or authority with responsibility-for the pro- tection of the environment, when such a
Injection Wells Wastewater Treatment Units Septic Tanks	9. Environmental Releases During Trans- feror's Ownership.  (A) Has any situation occurred at: Yes.	permit was required by law?'  Yes  No X
Waste Treatment Detoxification	portable "release" of any hazard-	If the answer is Yes, describe the activity:
If there are "YES" answers to any of the aboutems and the transfer of property that requi	quired under state or federal laws?  (B) Have any hazer or us  Yes  X  X	
the filing of this document is other than mortgage or trust deed or a collaters (assi- ment of beneficial interest in a land trust, )	me with the ground at this site?	
must attach to the copies of this document's you'file with the county recorder and the partment of environmental management a splan that identifies the location of each unit.	Yes, have any of the following actions or events been associated with a release on	or responses?
5. Has the transferor ever held any of a following in regard to this real property?  (A) Permits for discharges of Yes	Use of a cleanup contractor to remove or treat materials including soils, pavement or other surficial materials?	No X
wastewaters to waters of Indiana.  (B) Permits for emissions to the atmosphere.  No X Yes No X	Assignment of in-house maintenance staff to remove or treat materials includ- ing soils, pavement, or other surficial	
(C) Permits for any waste storage, Yes waste treatment; or waste disposal No X operation.	<ul> <li>Sampling and analysis of soils?</li> <li>Temporary or more long term monitor-</li> </ul>	1. I tolico (no tolico ing interminante and a
6. Has the transferor ever discharged a wastewater (other than sewage) to a policy owned treatment works?  Yes	water well because of offensive characteristics of the water?  Coping: with fumes from subsurface	the previous owner or about any entity of person to whom the transferor leased the property or with whom the transferor con- tracted for the management of the
No X	storm drains or inside basements?	property:

. or provided Francis Table

Type of business	
or property usageericulture	
2. If the transferor has knowledge, indicate whether the following existed under prior ownerships, leaseholds granted by the transferor, or other contracts for management or use of the property:	
YES NÖ	
Landfill X	
SurfacesImpoundment	
Land Application X	
Waste Pile X	
Incinerator Document is x	
Storage Tank (Abover Ground)	
Storage Tank (Underground) CIAL.	
Container Storesender is the property of	_
Injection Wells ake County Recorder X Wastewater Treatment Units	
Septic Tanks	
Transfer Stations X	
Waste Recycling Operations	
Waste Treatment DetoxificationX	·
Other Land Disposal Area	·
IV. CERTIFICATION	<b>~</b> .
A. Based on my snowing of those persons	
directly responsible for gathering the in-	The way or .
formation, I certify that the information	
submitted is, to the best of my knowledge	Donna armakos
and belief, true and agourage.	Notary Public
TRANSFEROR (or on behalf of	Notes Public College Courts
IKANSEROR (or on behalf of N Transferor) Charlotte A. Sanford	Notary Public, Cobb County, Georgia. ly Commission Expires August 30, 199
i alistetot j	
B. This form was delivered to me with all	
elements completed on	
19	
TPANCEEDEE /	
TRANSFEREE (or on behalf of Trans-	

Name: Bratek and Bratek.

CHARTER MEDICAL - LAKE COUNTY, INC. D/B/A CHARTER HOSPITAL OF NORTHWEST, IN)

# SCHEDULE A

A part of the Southeast Quarter of the Southeast Quarter of Section 6, Township 35 North, Range 7 West of the Second Principal Meridian, Lake County, Indiana, more particularly described as follows: Commencing at the Southeast corner of said Quarter Quarter Section; thence North 00 degrees 00 minutes 00 seconds West (assumed bearing), along the East line of said Quarter-Quarter Section, 328.03 feet to a P. K. nail set, being the Point of Baginning; thence North 88 degrees 44 minutes 20 secronds West 771.45 feet Collab Brahthib Set; thence North 00 degrees 01 minutes 26 seconds West, 990.30 feet to a P. K. nail set of Section; thence slong said North line South 88 degrees 18 minutes 377 seconds has minutes 377 sec



#### WAIVER OF THIRTY DAY DEADLINE FOR ENVIRONMENTAL DISCLOSURE FOR TRANSFER OF REAL PROPERTY

The undersigned party waives the thirty (30) day deadline set forth in the Indiana Code § 13=7=22.5-10(a) and is aware of the purpose and intent of the Environmental Disclosure.

Document for Transfer of Real Property for the following property:

# Document is NOT OFFICIAL!

CHARTER MEDICAL This Document is the property of the Lake County Recorder!
(ID/B/A CHARTER HOSPITAL OF NORTHWEST, IN)

On behalf of Transferee

Bankers Trust Company

280 Park Avenue

New York, New York 10015

Date:

7/15/92

and the state of t

#### CONFIRMATION FORM

The Environmental Disclosure Document for Transfer of Real Property for Charter Medical-Lake County, Inc., d/b/a Charter Hospital of Northwest Indiana was received in the Office of the Recorder for Lake County for recording on this \_\_\_\_\_ day of \_\_\_\_\_, 1992.

Document is NOT OFFICIAL!

This Document is the FOODER WARE COUNTY the Lake County Recorder!