

For Use By County Recorder's Office

County LAKE		Date	
Document number	Volume	Page	Received by

The following information is provided under IC 13-7-22, the Responsible Property Transfer Law.

I. Property Identification

A. Address of property:

Street 2324 MASSACHUSETTS STREET	City or town GARY, IN 46407
Township	Permanent real estate index number

STATE OF INDIANA
 DEPARTMENT OF REVENUE
 RECORDER'S OFFICE
 APR 26 1 49 PM '00

B. Legal description:

Section	Township	Range
Enter or attach complete legal description in this area: LOT 7, BLOCK 6, CTL & INVESTMENT CO.'S OAK PARK ADDITION TO DELESTON, IN THE CITY OF GARY, AS PER PLAT THEREOF RECORDED IN BOOK 1276, PAGE 163, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY		

Liability Disclosure

Transferors and transferees of real property are advised that their ownership or other control of such property may render them liable for environmental cleanup costs whether or not they caused or contributed to the presence of environmental problems in association with the property.

C. Property Characteristics:

Lot size	Acroage
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Check all types of improvement and uses that pertain to the property:

- | | |
|---|---|
| <input type="checkbox"/> Apartment building (6 units or less) | <input type="checkbox"/> Industrial building |
| <input type="checkbox"/> Commercial apartment (over 6 units) | <input type="checkbox"/> Farm, with buildings |
| <input type="checkbox"/> Store, office, commercial building | <input type="checkbox"/> Other (specify) |

II. Nature of Transfer

- A. (1) Is this a transfer by deed or other instrument of conveyance? Yes No
- (2) Is this a transfer by assignment of over 25% of beneficial interest of a land trust? Yes No
- (3) A lease exceeding a term of 40 years? Yes No
- (4) A mortgage or collateral assignment of beneficial interest? Yes No
- (5) A contract for the sale of property? Yes No

B. (1) Identify Transferor:

Name and current address of Transferor	Trust number
Name and address of Trustee if this is a transfer of beneficial interest of a land trust.	

(2) Identify person who has completed this form on behalf of the Transferor and who has knowledge of the information contained in this form:

Name, position (if any), and address	Telephone number
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C. Identify Transferee:

Name and current address of Transferee
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III. Environmental Information

A. Regulatory Information During Current Ownership

- Has the transferor ever conducted operations on the property which involved the generation, manufacture, processing, transportation, treatment, storage, or handling of "hazardous waste", as defined by IC 13-7-1? 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
- Has the transferor ever conducted operations on the property which involved the processing, storage; or handling of petroleum, other than that which was associated directly with the transferor's vehicle usage? Yes No
- Has the transferor ever conducted operations on the property which involved the generation, transportation, storage, treatment, or disposal of "hazardous waste", as defined in IC 13-7-1? Yes No

Are there any of the following specific units (operating or closed) at the property that are used or were used by the transferor to manage hazardous wastes, hazardous substances, or petroleum?

- | | |
|---|---|
| <input type="checkbox"/> Landfill | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Land Treatment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Waste Pile | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Incinerator | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Storage Tank (Above Ground) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Storage Tank (Underground) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Container Storage Area | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Injection Wells | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Wastewater Treatment Units | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Septic Tanks | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Transfer Stations | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Waste Recycling Operations | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Waste Treatment Detoxification | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Other Land Disposal Area | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If there are "YES" answers to any of the above items and the transfer of property that requires the filing of this document is other than a mortgage or collateral assignment of beneficial interest, you must attach to the copies of this document that you file with the county recorder and the department of environmental management a site plan that identifies the location of each unit.

(continued on reverse side)

→ NORWEST
 TWIN TOWERS SUITE 27
 MERRILLVILLE IN 46410

800

5. Has the transferor ever held any of the following in regard to this real property?
- (A) Permits for discharges of wastewater to waters of Indiana: Yes No
 - (B) Permits for emission to the atmosphere: Yes No
 - (C) Permits for any waste storage, waste treatment, or waste disposal operation: Yes No
6. Has the transferor ever discharged any wastewater (other than sewage) to a publicly owned treatment works? Yes No
7. Has the transferor been required to take any of the following actions relative to this property?
- (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): Yes No
 - (B) Filed a toxic chemical release form pursuant to the federal Emergency Planning and Community Right-to-Know Act of 1986 (42 U.S.C. 11023): Yes No
8. Has the transferor or any facility on the property or the property been the subject of any of the following state or federal governmental actions?
- (A) Written notification regarding known, suspected, or alleged contamination on or emanating from the property: Yes No
 - (B) Filing an environmental enforcement case with a court of the solid waste management board for which a final order or consent decree was entered: Yes No
 - (C) If the answer to question (B) was Yes, then indicate whether or not the final order or decree is still in effect for this property: Yes No
9. Environmental Releases During Transferor's Ownership.
- (A) Has any situation occurred at this site which results in a reportable "release" of any hazardous substances or petroleum as required under state or federal laws? Yes No
 - (B) Have any hazardous substances or petroleum which were released come into direct contact with the ground at this site? Yes No
- If the answers to questions (A) and (B) are Yes, have any of the following actions or events been associated with a release on the property?
- Use of a cleanup contractor to remove or treat materials including soils, pavement, or other surficial materials?
 - Assignment of in-house maintenance staff to remove or treat materials including soils, pavement, or other surficial materials?
 - Sampling and analysis of soils?
 - Temporary or more long term monitoring of groundwater at or near the site?
 - Impaired usage of an on-site or nearby water well because of offensive characteristics of the water?
 - Coping with fumes from subsurface storm drains or inside basements?
 - Signs of substances leaching out of the ground along the base of slopes or at other low points on or immediately adjacent to the site?
10. Is the facility currently operating under a variance granted by the commissioner of the Indiana department of environmental management? Yes No
11. Is there any explanation needed for clarification of any of the above answers or responses? Yes No



B. Site Information Under Other Ownership or Operation

1. Provide the following information about the previous owner or about any entity or person to whom the transferor leased the property or with whom the transferor contracted for the management of the property:

Name _____

Type of business or property usage _____

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:

- Landfill
- Surface Impoundment
- Land Treatment
- Waste Pile
- Incinerator
- Storage Tank (Above Ground)
- Storage Tank (Underground)
- Container Storage Area
- Injection Wells
- Wastewater Treatment Units
- Septic Tanks
- Transfer Stations
- Waste Recycling Operations
- Waste Treatment Detoxification
- Other Land Disposal Area

- | | | | |
|--------------------------|-----|-------------------------------------|----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

IV. Certification

As Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true and accurate.

Mortgagor/Transferor (type name as signed): MARTHA ANN KIMBROUGH *Martha Kimbrough*

B. This form was delivered to me with all elements completed on _____
 Norwest Financial Indiana, Inc. (type name as signed): BARBARA S. SANDOVAL

State of Indiana)
) ss.
 County of LAKE)

Before me, the undersigned, a Notary Public in and for said County, this 18 day of APRIL, 19 94,
 came BARBARA S. SANDOVAL, and acknowledged the execution of the foregoing.

Witness my hand and official seal: *Katherine L. Carlton*
 KATHERINE L. CARLTON, Notary Public

Type name as signed: _____
 My Commission Expires: 3-13-98
 This instrument was prepared by: KATHERINE L. CARLTON