

Rights of way drains, tiles, feeders and laterals;

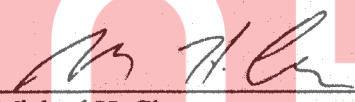
Highways and legal rights of way;

Rights of the public and governmental agencies having jurisdiction in and to that part of premises lying within Cline Avenue on the West;

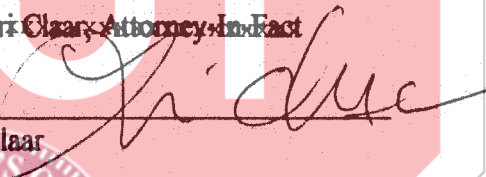
Terms and provisions of an Agreement Between Adjoining Landowners Creating a Common Driveway Easement recorded March 30, 1990 as Document No. 092280;

All building lines, conditions, covenants, easements, limitations, provisions, restrictions, rights of way, and terms of record, if any.

Dated this 28th day of June, 2000.



Michael H. Claar

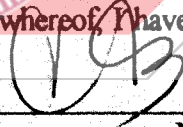
By ~~Lori Claar, Attorney-In-Fact~~


Lori Claar

State of Indiana)
) ss:
County of Lake)



Before me, the undersigned, a Notary Public in and for said County and State, this 26th day of May, 2000, personally appeared Michael H. Claar ~~by Lori Claar, Attorney-In-Fact~~, and Lori Claar, Husband and Wife, who acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



, Notary Public

My commission expires: **CORINA CASTEL RAMOS**
NOTARY PUBLIC STATE OF INDIANA Resident of Lake County
Resident of Porter County

This document prepared by: ~~Joseph M. Skopec, Attorney~~ No. 358-45, LUCAS, HOLCOMB & MEDREA, 300 E. 90th Drive, Merrillville, Indiana 46410

CORINA CASTEL RAMOS
NOTARY PUBLIC STATE OF INDIANA
Resident of Porter County
My Commission Expires May 16, 2001

(2)

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

IV. Certification

- A. 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):

THOMAS H. JACOBSON *Thomas H. Jacobson* - DIANA K. JACOBSON *Diana K. Jacobson*

B. This form was delivered to me with all elements completed on _____

Wells Fargo Financial Indiana, Inc. (type name as signed):

JEAN DOHMEIER, WELLS FARGO FINANCIAL INDIANA INC.

State of Indiana)

) ss.

County of LAKE)

Before me, the undersigned, a Notary Public in and for said County, this 27TH day of JULY, 2000, came THOMAS H AND DIAN K JACOBSON, and acknowledged the execution of the foregoing. Witness my hand and official seal.

Type name as signed: DELMAR E. VISOR

My Commission Expires: _____

This instrument was prepared by: JEAN DOHMEIER, WELLS FARGO FINANCIAL INDIANA, INC.

 , Notary Public