Environmental Disclosure
Document for Transfer of Real Property



For	Use By County Reco	rder's Office					OR HEUUNIL				
Coun	nty	-			Date 	1 Charles of					
Docu	iment number	Volume 	2001	3 07	Page 2 2	2003 JEL	Received by				
	following information is provi	ided under IC 13-7-2	22, the Responsit	ole Property	Transfer Law.	MOSS		: '			
_	roperty Identification				·	F.	A Land Control of the				
A. Ad Stree	ddress of property:				City or town						
Suee	5307 W 77TH PL				SCHERERY	'TLLF					
Towr	-				Permanent real es						
					20-13-24	14-73					
B. Le	egal description:							·			
Secti	ion		Township I			Range 					
Ente	r or attach complete legal de	escription in this area	a: IOT 73	C. GOBLE	Y'S BOLLING HI	LL ESTATES, UN	IT NO. 2. AS S	HOWN	IN	PL A1	Ī
	C 25 PAGE 33, IN LAKE		·			,	,				
Liab	ility Disclosure sferors and transferees of res s whether or not they caused	eal property are advi	sed that their ow	nership or o	ther control of such	n property may rend siation with the prop	ler them liable for o	enviro	nmen	tal cl	eanup
			•								·
	roperty Characteristics:				Acreage			<u> </u>			
Lot s	SIZE				/ loreuge						
	ck all types of improvement Apartment building (6 units of Commercial apartment (ove	or less)	n to the property:	011400	Industrial bu						
_	Store, office, commercial bu		Do	GUIIII		sify) SINGLE FAM	ILY DWELLING				
	lature of Transfer		NOT								
A.	(d) I abic a transfer by do	ed or other instrume	ent of convevance	e?					Yes	ראַרו	No
	 (1) Is this a transfer by de (2) Is this a transfer by as (3) A lease exceeding a to (4) A mortgage or collater (5) A contract for the sale 	esignment of over 25 erm of 40 years? ral assignment of be	% of beneficial in the Lake	terest of a l	ty Recorde	rty of er!			Yes		No No No No
	l) Identify Transferor:						T				
Nam	ne and current address of Tr DWAYNE A PARKINSO		CINCON 5207 W	77TU DI	CCHERERATILE	IN	Trust number				
Nam	ne and address of Trustee if					134					
(2) 10	dentify person who has com	pleted this form on b	ehalf of the Tran	sferor and \	who has knowledge	of the information	contained in this fo	orm:			
Nam	ne, position (if any), and add	Iress		THE R.	THOUSAND STATE OF THE STATE OF		Telephone nur	nber			
<u></u>	dentify Transferee:			COLUMN			/				
	ne and current address of Tr	ansferee			mici						
	WELLS FARGO FINAN	CIAL INDIANA I	NC 1155 E RID	GE RD GR	IFFITH, IN 463	19					
_	Em ronmental Inform	nation	E	SF 11							
A. B	gulatory Information Dur	ring Current Owner	ship	Co. MDIAN	Aunit						
1.	Has the transferor ever cortransportation, treatment, sapply to consumer goods sand manner as they are so paint mixing or tinting of coproperty.	storage, or handling o stored or handled by old to consumers, unl	of "hazardous wa a retailer in the s less the retailer h	iste", as def ame form a as engaged	ined by IC 13-7-1? nd approximate am d in any commercia	This question does nount, concentration I mixing (other than	not 1,		Yes	中	No
2.	Has the transferor ever corpetroleum, other than that					torage, or handling	of		Yes		No
3.	Has the transferor ever cor treatment, or disposal of "h				d the generation, tr	ansportation, stora	ge,		Yes	囟	No
4.	Are there any of the followi transferor to manage haza Landfill	• ,	-		•	or were used by the	3		Yes		No
	Surface Impoundment Land Treatment Waste Pile								Yes Yes Yes Yes	N N N N	No No No No
	Incinerator Storage Tank (Above Groustorage Tank (Undergrour Container Storage Area Injection Wells	nd) ์							Yes Yes Yes Yes		No No No No
	Wastewater Treatment Un Septic Tanks	its							Yes	K	No No
	Transfer Stations Waste Recycling Operation	ns						片	Yes Yes		No No
	Waste Recycling Operation Waste Treatment Detoxific Other Land Disposal Area								Yes Yes	R	No No
	If there are "YES" answers document is other than a n this document that you file	nortgage or collatera	al assignment of b	eneficial int	terest, you must att	ach to the copies o	f			۱۶	7. –

continued on reverse side)

Ct# 0488-

that identifies the location of each unit.

•	(A) Permits for discharges of wastewater to waters of Indiana.	_		
	(B) Permits for emission to the atmosphere.	Yes	ني	No
	(C) Permits for any waste storage, waste treatment, or waste disposal operation.	Yes Yes		No No
6.	Has the transferor ever discharged any wastewater (other than sewage) to a publicly owned treatment works?	Yes	ŽĮ.	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	ıΚi	No
	(B) Filed a toxic chemical release form pursuant to the federal Emergency Planning and Community Right-to-Know Act			140
_	of 1986 (42 U.S.C. 11023).	Yes	X	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.			
	(B) Filing an environmental enforcement case with a court of the solid waste management board for which a final order	Yes		No
	or consent decree was entered.		٠	140
	(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	Yes Yes	\square	No
9.	property. Environmental Releases During Transferor's Ownership.	□ v ₀₀	∇	Al-
Э.	(A) Has any situation occurred at this site which results in a reportable "release" of any hazardous substances or	∐ Yes	EX.	No
	petroleum as required under state or federal laws?			
	(B) Have any hazardous substances or petroleum which were released come into direct contact with the ground at this	☐ Yes		No
	site?			
	If the answers to questions (A) and (B) are Yes, have any of the following actions or events been associated with a	Yes	Ø	No
	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			
10.	management?	Yes	\	No
11.	Is there any explanation needed for clarification of any of the above answers or responses?		P	
	TIOT OF TOTAL.		\	
	This Document is the property of			
	the Lake County Recorder!	_		
	the Lake County Recorder.	_		
D 0:1				
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	_		
	Name			
	Type of business or property usage	_		
	THE R. C. LOW			
		_		
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		4	
	Surface Impoundment	☐ Yes	42	No No
	Land Treatment	☐ Yes	LLXI	No
	Waste Pile	Yes	177	No
	Incinerator	Yes	卤	No
	Storage Tank (Above Ground) Storage Tank (Underground)	Yes	NL_I	No No
	Container Storage Area	Yes Yes	<u> </u>	No No
	Injection Wells	Yes	4	No
	Wastewater Treatment Units	Yes	团	No
	Septic Tanks Transfer Stations	☐ Yes	4	No
	Waste Recycling Operations	Yes Yes	ليطيا	No No
	Waste Treatment Detoxification	Yes	4	No
	Other Land Disposal Area	Yes		No
IV. Cert	ification			
A. Bas	ed on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitted is, to	the best of	mv	
	wledge and belief, true and accurate.	ille pestol	iiiy	
	r/Transferor (type name as signed):			`
	DWAYNE A PARKINSON AND JILL K PARKINSON Worth Mushes QCOX	Ha HD	fand	100
B. This	form was delivered to me with all elements completed on JULY 1,2003	· ICA > COC	<u> </u>	
	go Financial Indiana, Inc. (type name as signed):			
	TINA S. KOESTNER			
State of I	ndiana)			
) ss. JEAN M. De	GLANFIER	7	
County o	f <u>LAKE</u>)	county		
Refe	is me, the undersigned, a Notary Public in and for said County, this 1 day of \mathtt{JULY} March 1:			
Deic	re me, the undersigned, a Notary Public in and for said County, this day of JULY March 1:		00 <u>18</u> ess m	, came v hanc
and officia		,g. +fiult	111	المادر ر
Γι ι ρο ====	age signed: WARGILLE GOOD TEAN W DOUBLER		oto	Dublic.
	e as signed: MARCH 15, 2008 JEAN M. DOHMEIER ission Expires:	, N	otary F	-uolic
	ment was prepared by: MEALEA CHHONG			