

## **Environmental Disclosure Document for Transfer of Real Property**2005 002457



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For Use By County Reco	rder's Office		Date	NAMOU BAZZE A A	17.4
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Occument number	Volume 		Page	Receive	ed by
The following information is p	ovided under IC 13-7-22, the	e Responsible Prope	rty Transfer Law.		- Marine Marine
. Property Identification	on				
A. Address of property: Street	<b>1</b>		City or town		
7342 MAGOUN AVE			HAMMOND		
Township			Permanent real estate in	ndex number	
D. Laural descriptions			26-36-0403-31		
B. Legal description: Section	Tr	 ownship		Range	
					Andre del mar
Enter or attach complete lega	I description in this area: Se	e the attached legal	description.		
Liability Disclosure Transferors and transferees	of real property are advised	that their ownershir	or other control of such r	property may render the	m liable for environment
ransferors and transferees cleanup costs whether or not	they caused or contributed t	o the presence of the	e environmental problems i	n association with the pro	operty.
C. Property Characteristics	<u></u>	Docum	ent is		
Lot size	/		Acreage		
Check all types of improvement	ents and uses that pertain to	the property:	CICIAL		
<ul><li>Apartment building (6 ur</li><li>Commercial apartment (</li></ul>	nits or less) over 6 units) <b>This D</b>	oument is	☐ Industrial building☐ Farm, with buildings	v of	
Store, office, commercia	I building	1 0	☐ Other (specify)	y OI	
II. Nature of Transfer	the	Lake Cour	ity Recorder		
<ol> <li>(1) Is this a transfer by</li> </ol>	deed or other instrument of assignment of over 25% of l	conveyance?	a land trust?		☐ Yes ☒ No ☐ Yes ☒ No
(3) A lease exceeding					☐ Yes ☒ No
(4) A mortgage or colla	ateral assignment of benefici	al interest?			⊠ Yes □ No
(5) A contract for the s					☐ Yes ☒ No
B. (1) Identify Transfero  Name and current address of				Trust num	hher
ISMAEL NIEVES JR, STEPH 7342 MAGOUN AVE, HAMM	IANIE LOVELACE-NIEVES				
Name and address of Truste	e if this is a transfer of benef				
(2) Identify person who	has completed this form on	hohalf of the Transfe		e of the information cont	ained in this form:
Name, position (if any), and a		Deliail of the Transic	TO AND WHO HAS KNOWLEDGE	Telephone	
C. Identify Transferee: Name and current address o	f Transferee				
Wells Fargo Financial Bank,		alls, SD 57104			
III. Environmental Info	ormation	MDI.	MAnni		
	n During Current Ownershi	<del></del>			
Has the transferor eve     transportation, treatmen	r conducted operations on it, storage, or handling of "ha	tne property which i zardous waste." as d	Involved the generation, rivelined by IC 13-7-1? This of	nanuracture, processing question does not apply t	, O
consumer goods stored	or handled by a retailer in t	the same form and a	approximate amount, conc	entration, and manner a	s
consumer sized contain	ners, unless the retailer has ers), finishing, refinishing, se	ervicing, or cleaning c	perations on the property.		∐ Yes 🛂 No
2. Has the transferor eve	er conducted operations on	the property which	involved the processing,	storage, or handling o	
	at which was associated dire er conducted operations on			transportation storage	∐ Yes 🗹 No
treatment, or disposal of	f "hazardous waste," as defin	ed in IC 13-7-1?			☐ Yes 📝 No
to manage hazardous w	owing specific units (operatir rastes, hazardous substance		property that are used or we	ere used by the transferd	Yes Yo
Landfill Surface Impoundment					☐ Yes ☐ No☐ Yes ☐ No☐
Land Treatment		r e	* · · · · · · · · · · · · · · · · · · ·		Yes No
Waste Pile					Yes No
Incinerator Storage Tank (Above G	round)	•			☐ Yes ☐ No
Storage Tank (Undergro	ound) <sup>*</sup>				Yes No
Container Storage Area					Yes No
Injection Wells Wastewater Treatment	Jnits				☐ Yes ☐ No
Septic Tanks	-				Yes No
Transfer Stations	tions				Yes No
Waste Recycling Opera Waste Treatment Detox			,		☐ Yes ☐ No
Other Land Disposal Ar					Yes No
If there are "YES" answ	vers to any of the above ite	ms and the transfer	of property that requires	the filing of this	
this document that you	a mortgage or collateral ass file with the county recorder	and the department	i interest, you must attach of environmental manager	to the copies of nent a site plan	

(continued on reverse side)

14.1<sup>N</sup> 404.88 404.35155

J.	(A) Describe for diverse field 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	(C) Permits for any waste storage, waste treatment, or waste disposal operation.	Yes	☑ No
o.	. Has the transferor ever discharged any wastewater (other than sewage) to a publicly owned treatment works?	☐ Yes	No 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		_
0	1900 (42 0.5.C. 11023).	Yes	₽ No
0.	. 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	<b>₩</b> 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.	_	_/
			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.		
q	Environmental Releases During Transferor's Ownership.	☐ Yes	No No
٥.			
	(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	M Wo
	(B) Have any hazardous substances or petroleum which were released come into direct contact with the ground at this site?	Yes	<b>⊿</b> No
	If the answers to question (A) and (B) are Yes, have any of the following actions or events been associated with a release on the property?		
	$\cdot$ , $\cdot$		
	- and the sum of the s		
	Assignment of in-house maintenance staff to remove or treat materials including soils, pavement, or other surficial materials?		
	□ Sampling and analysis of soils?		
	The state of the s		
	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		
4.0	adjacent to the site?		
10	D. Is the facility currently operating under a variance granted by the commissioner of the Indiana Department of Environmental		
	Management?	☐ Yes	☐ No
11	I. Is there any explanation needed for clarification of any of the above answers or responses?		
	TOT OFFICIAL:		
	I his Document is the property of		
	the Lake County Recorder!		
	the pare county recorder.		
В.	Site Information Under Other Ownership or Operation		
1.			
	property or with whom the transferor contracted for the management of the property:		
	property of with whom the transletor contracted for the management of the property.		
	property of with whom the transletor contracted for the management of the property:		
	Name		
	Name		
	Name		
	Name		
2	Name  Type of business or property usage		
2.	Name  Type of business or property usage  If the transferor has knowledge, indicate whether the following existed under prior ownerships, leaseholds granted by the		
2.	Name  Type of business or property usage  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:		
2.	Type of business or property usage  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	Yes	
2.	Name  Type of business or property usage  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	Yes	☐ No
2.	Type of business or property usage  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	Yes Yes	□ No □ No
2.	Type of business or property usage  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	Yes Yes Yes	□ No □ No □ No
2.	Type of business or property usage  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	Yes Yes Yes Yes Yes	No   No   No   No
2.	Type of business or property usage  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)	Yes Yes Yes Yes Yes Yes	
2.	Type of business or property usage  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)	Yes Yes Yes Yes Yes Yes Yes Yes	
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	Name  Type of business or property usage  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 (Underground) Container Storage Area Injection Wells Wastewater Treatment Units Septic Tanks Transfer Stations Waste Recycling Operations Waste Treatment Detoxification Other Land Disposal Area	☐ Yes	25252525252525252525252525252525252525
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<u>IV.</u> A. E	Name  Type of business or property usage  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 (Underground) Container Storage Area Injection Wells Wastewater Treatment Units Septic Tanks Transfer Stations Waste Recycling Operations Waste Treatment Detoxification Other Land Disposal Area	☐ Yes	
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No. ISN Wee	Type of business or property usage  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 Recycling Operations Waste Treatment Detoxification Other Land Disposal Area  Certification Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitted is, knowledge and belief, true and accurate.  ortgagor/Transferor (type name as signed): MAEL NIEVES JR, STEPHANIE LOVELACE-NIEVES This form was delivered to me with all elements completed on alls Fargo Financial Indiana, Inc. (type name as signed):  TINA KOESTNER ate of INDIANA  ) ss.  perform the undersigned, a Notary Public in and for said County, this 22 day of DECEMBER 2004	Yes	No
No. ISN Wee	Type of business or property usage  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 (Underground) Container Storage Area Injection Wells Wastewater Treatment Units Septic Tanks Transfer Stations Waste Recycling Operations Waste Treatment Detoxification Other Land Disposal Area  Certification Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitted is, knowledge and belief, true and accurate.  Ortgagor/Transferor (type name as signed): MAEL NIEVES JR, STEPHANIE LOVELACE NIEVES  TINA KOESTNER  Before me, the undersigned, a Notary Public in and for said County, this  22 day of DECEMBER 2004 SMAEL NIEVES JR, STEPHANIE LOVELACE and acknowledged the execution of the foregoing. Witness my hand NIEVES  NIEVES JR, STEPHANIE LOVELACE and acknowledged the execution of the foregoing. Witness my hand NIEVES  NIEVE	Yes	No
No. ISM B. T	Type of business or property usage  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 project.  Landfill Surface Impoundment Land Treatment Waste Pile Incinerator Storage Tank (Underground) Container Storage Area Injection Wells Wastewater Treatment Units Septic Tanks Transfer Stations Waste Recycling Operations Waste Recycling Operations Waste Recycling Operations Other Land Disposal Area  Certification Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitted is, knowledge and belief, true and accurate.  ortgagor/Transferor (type name as signed)  TINE INDIEVES JR, STEPHANIE LOVELACE-NIEVES  TINIA KOESTNER  TINA KOESTNER  Before me, the undersigned, a Notary Public in and for said County, this 22 day of DECEMBER 2004  SMAEL NIEVES JR, STEPHANIE LOVELACE and acknowledged the execution of the foregoing. Witness my hand NIEVES  CHINICERNA O Monagement	Yes	No
IV. A. E  Mo ISM B. T  We  Sta	Type of business or properly usage  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 properly.  Surface Impoundment Land Treatment Waste Pile Incinerator Storage Tank (Underground) Container Storage Area Injection Wells Wastewater Treatment Units Septic Tanks Transfer Stations Waste Recycling Operations Other Land Disposal Area Certification  Based on my inquiry of those persons directly responsible for gathering the information, I certify hat the information submitted is, knowledge and belief, true and accurate.  April 1997 Type of the property of the information submitted is, knowledge and belief, true and accurate.  Trins form was delivered to me with all elements completed on DECEMBER 22, 1, 2004  Before me, the undersigned, a Notary Public in and for said County, this 22 day of DECEMBER 2004  SMAEL NIEVES JR, STEPHANTE LOVELACE and acknowledged the execution of the foregoing. Witness my hand NIEVES  Pen name as signed: CHRISTINA S KOESTNER  TINE 23, 2011	Yes	No
IV. A. E  Moo ISN B. T We Sta	Type of business or properly usage  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 Treatment Detoxification Other Land Disposal Area  Certification Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitted is, knowledge and belief, true and accurate.  Integration of the septiment of the property of the pro	Yes	No
IV. A. E  Moo ISN B. T We Sta	Type of business or property usage  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 surface impoundment Land Treatment Waste Pile Incinerator Storage Tank (Underground) Container Storage Area Injection Wells Waste water Treatment Units Septic Tanks Transfer Stations Waste Recycling Operations  Waste Recycling oper	Yes	No
IV. A. E  Moo ISN B. T  We  Sta  Type My Thi	Type of business or property usage  If the transferor has knowledge, indicate whether the following existed tunder prior ownerships, leaseholds granted by the transferor, or other contracts for management or use of the property transferor, or other contracts for management or use of the property transferor, or other contracts for management or use of the property transferor, or other contracts for management or use of the property transferor (Notes) and the property transferor (Notes) and the property transfer of the property transfer of the property transferor (Notes) and the property transferor (N	Yes	No
IV. A. E  Moo ISN B. T  We  Sta  Type My Thi	Type of business or property usage  If the transferor has knowledge, indicate whether the following existed under order ownerships, leaseholds granted by the transferor, or other contracts for management or use of the project.  Landfill Surface impoundment Land Treatment Waste Pile Incinerator Storage Tank (Above Ground) Storage Tank (Above Ground) Storage Tank (Above Ground) Storage Tank (Onderground) Container Storage Area Injection Wells Wastewater Treatment Units Septic Tanks Transfer Stations Waste Treatment Detoxification Other Land Disposal Area  Certification Based on my inquiry of those persons directly responsible for gathering the information, I certify hat the information submitted is, knowledge and belief, true and accurate.  ordegagor/Transferor (type name as signed):  MAEL NIEVES JR, STEPHANIE LOVELACE-NIEVES  WASTER NIEVES JR, STEPHANIE LOVELACE-NIEVES  Before me, the undersigned, a Notary Public in and for said County, this 22 day of DECEMBER 2004 SMAEL NIEVES JR, STEPHANIE LOVELACE and acknowledged the execution of the foregoing. Withous my hang NIEVES  WASTER NIEVES JR, STEPHANIE LOVELACE and acknowledged the execution of the foregoing. Withous my hang NIEVES  NOTARY PUBLIC - INDIAN	Yes	No

## Mortgage/Deed of Trust Addendum

Addendum for legal description of Mortgage/Deed of Trust dated December 22, 2004, ISMAEL NIEVES JR AND STEPHANIE LOVELACE-NIEVES JR, mortgagor(s)/trustor(s).

Legal description:

LOTS 23, 24 AND 25, AND THE EAST 15 FEET OF THE VACATED ALLEY LYING WEST OF AND ADJACENT TO SAID LOTS, IN BLOCK 13, UNIT 7, IN WOODMAR, AND ADDITION TO THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 16, PAGE 34, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

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ISMAEL NIEVES JR (Type name as signed)	Date	12.22.04
STEPHANIE LOVELANCE-NIEVES (Type name as signed)	Date	12/20/04
(Type name as signed)	Date	
(Type name as signed)	Date	