

Environmental Disclosure Document for Transfer of Real Property



For Use By County Record	er's Office				A-7%	
County			Date		0	
Document number	Volume		Page	Receive	ed by 5	
The following information is prov	ided under IC 13-7-22, the	e Responsible Property	y Transfer Law.		_	
I. Property Identification					<u> </u>	
A. Address of property:			Oit t			
Street 5617 WASHINGTON ST			City or town		~	
			Permanent real estate index n	umber	<u>~</u>	
<u> </u>			08-15-0089-0035		<u> </u>	
B. Legal description:	-					
Section		ownship	R	ange		
Enter or attach complete legal de	escription in this area: Se	ee the attached legal de	escription.	2	2006	
Liability Disclosure				<u>_</u>	· •	
Transferors and transferees of r cleanup costs whether or not the	eal property are advised	that their ownership o	r other control of such propert	y may render the	n liab	e e e e e e e e e e e e e e e e e e e
C. Property Characteristics:	y caused or contributed to	the presence of the e	nvironmental problems in asso	ciation with the par		
Lot size	NI		creage OTAT	、 	<u> </u>	- 28
			FICIAL!	対	2	RSE
Check all types of improvements Apartment building (6 units	and uses that pertain to to	the property:	S Industrial building erty	of S	_	0==
☐ Commercial apartment (ove ☐ Store, office, commercial but	r C upito)	Lake Cou		Ž	မ	8
II. Nature of Transfer	inding 5225					,
	ed or other instrument of o	conveyance?			☐ Ye	s⊠ No
· · · · · · · · · · · · · · · · · · ·	signment of over 25% of b	eneficial interest of a la	and trust?		_	×s⊠ No
(3) A lease exceeding a te(4) A mortgage or collatera	rm of 40 years? all assignment of beneficia	l internet?			∐ Ye ⊠ Ye	s⊠ No s:□ No
(5) A contract for the sale		ii iiiiciest:				s:∐ No s:⊠ No
B. (1) Identify Transferor:						
Name and current address of Tra	nsferor			Trust num	ber	
MICHAEL A YACURA, 5617 WASHINGTON ST, MERR	ILLVILLE IN 46410					
Name and address of Trustee if t		cial interest of a land tru	ist, The			,
(2) Identify person who ha	s completed this form on t	hehalf of the Transferor	and who has knowledge of the	information contr	singed in this	form:
Name, position (if any), and addre		Gertair of the Transleton	and who has knowledge of the	Telephone		IOITI.
C. Identify Transferee:					, ,	
C. Identify Transferee: Name and current address of Tra	Insferee	E SE	All was stall	/		
Wells Fargo Financial Bank, 3201		Ils, SD 57104 //DI	ANAmin			
III. Environmental Inform						
 Regulatory Information Du Has the transferor ever cor 			shood the generation was for	<u> </u>		
transportation, treatment, sto	prage, or handling of "haz:	ardous waste," as defin	ed by IC 13-7-1? This question	does not apply to)	
consumer goods stored or h	nandled by a retailer in th	ne same form and appr	roximate amount, concentratio	n, and manner as	ì	
consumer sized containers),	finishing, refinishing, sen	vicing, or cleaning oper	ercial mixing (other than paint reations on the property.	•	☐ Yes	₩ No
2. Has the transferor ever co				e, or handling of		ਜ
petroleum, other than that will 3. Has the transferor ever co				ortation storage	☐ Yes	™ No
treatment, or disposal of "haz	zardous waste," as define	d in IC 13-7-1?	-		☐ Yes	MZ No
 Are there any of the following to manage hazardous waste: 	g specific units (operating s, hazardous substances,	or closed) at the proper or petroleum?	erty that are used or were used	by the transferor	□Yes	No
Landfill		•			Yes	Ma No
Surface impoundment Land Treatment					∐ Yes □ Yes	No. No.
Waste Pile					☐ Yes	A 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Incinerator	٠				Yes	Ø No
Storage Tank (Above Groun Storage Tank (Underground)					☐ Yes	No M. No
Container Storage Area					☐ Yes	⊠Z/No
Injection Welfs Wastewater Treatment Units					☐ Yes ☐ Yes	Mar No Mar No
Septic Tanks					☐ Yes	YEL No
Transfer Stations					Yes	Ma. No
Waste Recycling Operations Waste Treatment Detoxificat					☐ Yes	No No
Other Land Disposal Area	1 0 11				∐ Yes ☐ Yes	® No □ No
If there are "YES" answers	to any of the above item	s and the transfer of i	property that requires the filing	of this	· 	
document is other than a mo	ertgage or collateral assig	nment of beneficial into	erest, you must attach to the convironmental management a s	nnies of		
that identifies the location of	each unit.	io ine department of e	пуновиненка тападетел: а s	(o ne hrau	ontinued on	reverse side)

5.	Has the transferor ever held any of the following in regard to this real property?		⊠ No	
	(A) Permits for discharges of wastewater to waters of Indiana. (B) Permits for emission to the atmosphere.	☐ Yes ☐ Yes	∑ % ∑ %	
	(C) Permits for any waste storage, waste treatment, or waste disposal operation.	☐ Yes	MZ No	
6.	Has the transferor ever discharged any wastewater (other than sewage) to a publicly owned treatment works?	Yes	⊠ No	
	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	-	al	
	Community Right-to-Know Act of 1986 (42 U.S.C. 11022).	☐ Yes	Ŭ 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		<u> </u>	
	governmental actions?	_	<u>ي</u> د	
	(A) Written notification regarding known, suspected, or alleged contamination on or emanating from the property.	☐ Yes	W 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 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	_ I&	ري ا ل ات	
	property.	☐ Yes	Mo 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	□ v	,	
	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 site?	☐ Yes	IZI No	
	(B) Have any hazardous substances or petroleum which were released come into direct contact with the ground at this site? If the answers to question (A) and (B) are Yes, have any of the following actions or events been associated with a release on	L 103	LE 140	
	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	I. 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?			
	TIOT OTTOMAL	_		
	This Doctifient is the property of	_		
	- Page 1			
	the Cake County Recorder:			
<u>B.</u>	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:			
	property of with whom the transferor contracted for the management of the property.			
	Name	•		
	realite			
		-		
	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	☐ Yes	□ No	
	Surface Impoundment	Yes	☐ No	
	Land Treatment	∐ Yes	□ No	
	Waste Pile	∐ Yes □ Yes	□ No	
	Incinerator Storage Tank (Above Ground)	Yes		
	Storage Tank (Underground)	☐ Yes	□ No	
	Container Storage Area	Yes	□ No	
	Injection Wells	∐ Yes	□ No	
	Wastewater Treatment Units Septic Tanks	☐ Yes		
	Transfer Stations	Yes		
	Waste Recycling Operations	Yes	□ No	
	Waste Treatment Detoxification	☐ Yes		
_	Other Land Disposal Area			
	. Certification			
Α.	Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitted is	s, to the bes	st of my	
	knowledge and belief, true and accurate.			—
	ortgagor/Transferor (type name as signed): ICHAEL A YACURA, Muchael A. Yacura			
	This form was delivered to me with all elements completed on JANUARY 31, 2006			_
	/ells Fargo Financial Indiana, Inc. (type name as signed):	_		_
	EAN COLLINS Sun Collins			
S	tate of <u>INDIANA</u>)			
) ss.			
С	ounty of <u>LAKE</u>)			
	Before me, the undersigned, a Notary Public in and for said County, this 31ST day of JANUARY 2006			me
	Before me, the undersigned, a Notary Public in and for said County, this 31ST day of JANUARY 2006 MICHAEL A YACURA , and acknowledged the execution of the foregoing. Witness my ha	nd and offic	, can ial seal.	i IC
-	M BALL I			
	GREEN IN TOWN		Notary Put	blic
	TTOL M. DAOTT	•		
	ype name as signed: LISA M. BASIL ly Commission Expires: AUGUST 28, 2013 NOTARY FOR LAKE COUNTY			
	no compression symple: Actually 1 /O. /U.L. MILLERN L. PUR. LAND'S CA/UNLL			
IV T	his instrument was prepared by: ADANE REDDA			

ADDENDUM A

LOTS 35 AND 36 IN BLOCK 3 IN SOUTHLANDS SUBDIVISION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 19, PAGE 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



Prescribed by the State Board of Accounts (2005)

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

- I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:
 - 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
 - 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.
- I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

