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# Environmental Disclosure Document for Transfer of Real Property



## For Use By County Recorder's Office

County		Date	
Document number	Volume	Page	Received by

2007  
377804

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

### I. Property Identification

#### A. Address of property:

Street	City or town
6347 CALUMET AVE	HAMMOND
Township	Permanent real estate index number
	26-35-0207-0009

#### B. Legal description:

Section	Township	Range
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Enter or attach complete legal description in this area: See the attached legal description.

### Liability Disclosure

Transferees 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 the environmental problems in association with the property.

#### C. Property Characteristics:

Lot size	Acreage
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Check all types of improvements 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
MICHELLE SIKORA 6347 CALUMET AVE, HAMMOND, IN 46324	

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
Wells Fargo Financial Bank, 3201 North 4th Ave., Sioux Falls, SD 57104

### 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?
 

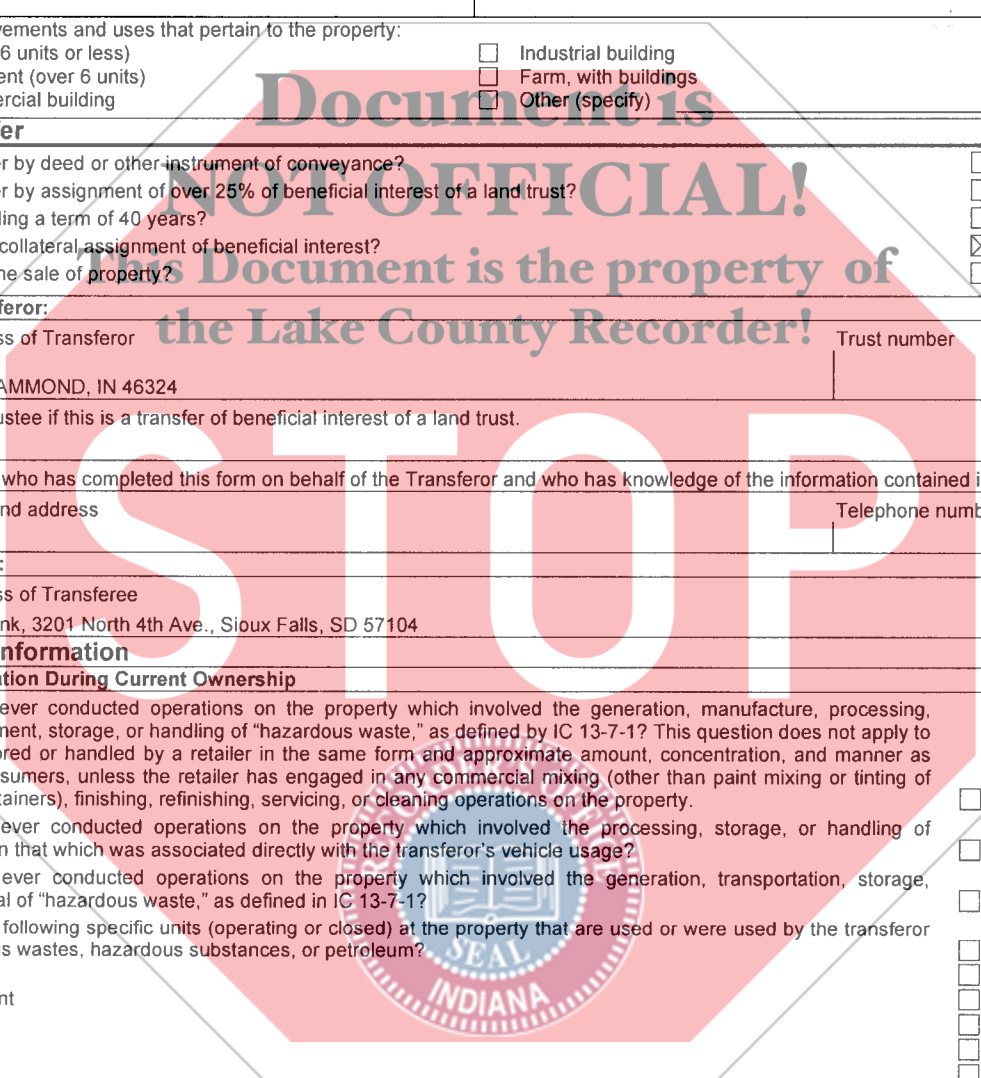
Landfill	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Surface Impoundment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Land Treatment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Waste Pile	<input type="checkbox"/> Yes	<input checked=""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

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STATE RECORDS DIVISION  
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HARRISBURG, INDIANA

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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 question (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?

**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 |
| <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):

MICHELLE SIKORA

- B. This form was delivered to me with all elements completed on MARCH 19, 2007

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

SEAN COLLINS

State of INDIANA )

) ss.

County of LAKE )

Before me, the undersigned, a Notary Public in and for said County, this 19TH day of MARCH 2007, came MICHELLE SIKORA and acknowledged the execution of the foregoing. Witness my hand and official seal.

, Notary Public

Type name as signed: DAVID WESLEY HOUSTON

My Commission Expires: OCTOBER 1, 2014

This instrument was prepared by: BRENDA M. MARQUIS

I affirm, that under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Name Brenda M. Marquis  
BRENDA M MARQUIS

ADDENDUM B

LEGAL DESCRIPTION:

LOT 9 IN BLOCK 1 IN PARK RIDGE, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF,  
RECORDED IN PLAT BOOK 13 PAGE 35, IN THE OFFICE OF THE RECORDER OF LAKE  
COUNTY, INDIANA.

