Environmental Disclosure Document for Transfer of Real Property



For Use By County Recorder's Office	Data	<u> </u>
County	Date 	
Document number Volume	Page	Received by
The following information is provided under IC 13-7-22.	, the Responsible Property Transfer Law.	process mit m
I. Property Identification		<u></u>
A. Address of property:		
Street	City or town	\sim
6814 OSBORNE AVE	HAMMOND	
Township	Permanent real estate 26-33-0110-0030	e index number
B. Legal description:	Taurahia	Pango
Section	Township	Range
Enter or attach complete legal description in this area:	See the attached legal description.	
Liability Disclosure Transferors and transferees of real property are advis cleanup costs whether or not they caused or contribute	sed that their ownership or other control of such	property may render them liable for environmental
C. Property Characteristics:	a to the presence of the environmental problems	on association with the property.
Lot size	Acreage TAT	K
	OI OF FICIAL	4.
Ctore, emee, commercial ballang	to the property: Industrial building Farm, with buildings Other (specify)	ty of
II. Nature of Transfer		
A. (1) Is this a transfer by deed or other instrument		☐ Yes ☒ No
 (2) Is this a transfer by assignment of over 25% (3) A lease exceeding a term of 40 years? 	of beneficial interest of a land trust?	☐ Yes ☒ No ☐ Yes ☒ No
(4) A mortgage or collateral assignment of benef	ficial interest?	☐ Yes ☐ No
(5) A contract for the sale of property?	Joan Microsoft	☐ Yes ⊠ No
B. (1) Identify Transferor:		
Name and current address of Transferor		Trust number
LAURA ROBSON , BRETT ROBSON		
6814 OSBORNE AVE, HAMMOND, IN 46323	STULLING.	
Name and address of Trustee if this is a transfer of ben	reficial interest of a land trust.	
(2) Identify person who has completed this form	on hohalf of the Transferor and who has knowled	lan of the information contained in this form:
Name, position (if any), and address	of benali of the Halisletol and who has knowled	Telephone number
C. Identify Transferee:	E SEAL S	//
Name and current address of Transferee	WOLAND WILL	
Wells Fargo Financial Bank, 3201 North 4th Ave., Siou	x Falls, SD 57104	
III. Environmental Information		
A. Regulatory Information During Current Owners		
 Has the transferor ever conducted operations of transportation, treatment, storage, or handling of "I consumer goods stored or handled by a retailer in they are sold to consumers, unless the retailer has 	hazardous waste," as defined by IC 13-7-1? This in the same form and approximate amount, con as engaged in any commercial mixing (other tha	question does not apply to acentration, and manner as an paint mixing or tinting of
consumer sized containers), finishing, refinishing, 2. Has the transferor ever conducted operations of	on the property which involved the processing	
petroleum, other than that which was associated d	lirectly with the transferor's vehicle usage?	☐ Yes 🂢 No
Has the transferor ever conducted operations treatment, or disposal of "hazardous waste," as de		n, transportation, storage,
 Are there any of the following specific units (opera to manage hazardous wastes, hazardous substant Landfill 		☐ Yes 💥 No
Surface Impoundment		☐ Yes ☐ No ☐ Yes ☑ No
Land Treatment		☐ Yes ⊠ No
Waste Pile		Yes No
Incinerator Storage Tank (Above Ground)		Yes No
Storage Tank (Above Ground)		Yes No
Container Storage Area		☐ Yes 🔼 No
Injection Wells		Yes No
Wastewater Treatment Units Septic Tanks		☐ Yes No
Transfer Stations		∐ Yes l⊠ No □ Yes l☑ No
Waste Recycling Operations		☐ Yes ⊅ No
Waste Treatment Detoxification		Yes 🔀 No
Other Land Disposal Area		☐ Yes Æ No
If there are "YES" answers to any of the above is document is other than a mortgage or collateral as	ssignment of beneficial interest, you must attach	to the copies of
this document that you file with the county records that identifies the location of each unit.	er and the department of environmental manage	ment a site plan (continued on reverse side)

(continued on reverse side)

Ch # 0073-38151

5.	Has the transferor ever held any of the following in regard to this real property?	m	r\\
	(A) Permits for discharges of wastewater to waters of Indiana.	☐ Yes	[⊒ No [⊒ No
	(B) Permits for emission to the atmosphere.	Yes	No No
6	(C) Permits for any waste storage, waste treatment, or waste disposal operation. 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		,
	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	☐ Yes	IX No
g	1986 (42 U.S.C. 11023). Has the transferor or any facility on the property or the property been the subject of any of the following state or federal		
Ο.	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	Yes	⊠. No
	consent decree was entered. (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	163	25. 140
	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	□ v _{**}	□ 1 No
	as required under state or federal laws?	☐ Yes	⊠ No ⊠ 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	<u> </u>	<u> </u>
	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	П.,	~ ≠
	Management?	∐ Yes	7 € No
11	. Is there any explanation needed for clarification of any of the above answers or responses?		
	This Document is the property of		
	TOTAL TIME DOCUMENT IS the property of		
	the Lake County Recorder!		
		•	
В.	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		
	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 or with whom the transferor contracted for the management of the property:		
	property or with whom the transferor contracted for the management of the property:		
	property or with whom the transferor contracted for the management of the property: Name		
	property or with whom the transferor contracted for the management of the property: 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	Yes	□ No
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:	☐ Yes	□ No □ No
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 Land Treatment	Yes Yes	□ No □ No
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 Land Treatment Waste Pile	Yes Yes Yes	No No No
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 Land Treatment Waste Pile Incinerator	Yes Yes Yes Yes	No No No No
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 Land Treatment Waste Pile Incinerator Storage Tank (Above Ground)	Yes Yes Yes	No No No
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 Land Treatment Waste Pile Incinerator	Yes Yes Yes Yes Yes Yes	No No No No No No
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 Land Treatment Waste Pile Incinerator Storage Tank (Above Ground) Storage Tank (Underground) Container Storage Area Injection Wells	Yes	No No No No No No No No
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2.	Property or with whom the transferor contracted for the management of the property: 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 (Above Ground) Storage Tank (Underground) Container Storage Area Injection Wells Wastewater Treatment Units Septic Tanks Transfer Stations	Yes	No No No No No No No No
	Property or with whom the transferor contracted for the management of the property: 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 (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	Yes	No No No No No No No No
IV.	Property or with whom the transferor contracted for the management of the property: 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 (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 Certification	Yes	No No No No No No No No
IV. A. E	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	Yes	No No No No No No No No
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IV. A. E Mo LA B. 1 We	Type of business or property usage If the transferor has knowledge, indicate whether the following existed under orion 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 Retreatment Detoxification Other Land Disposal Area Certification Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitte knowledge and belief, true and accurate. Intragor/Transferor (type name as signed): URA ROBSON, BRETT ROBSON This form was delivered to me with all elements completed on MAY 14, 2007 Bits Fargo Financial Indiana, Inc. (type name as signed) AVID HOUSTON) ss.	Yes	No No No No No No No No
Mo LA B. T We 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 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 submitte knowledge and belief, true and accurate. URA ROBSON, BRETT ROBSON This form was delivered to me with all elements completed on MAY 14, 2007 Bits Fargo Financial Indiana, Inc. (type name as signed) NAVID HOUSTON Inter of Indiana Inc. (type name as signed) LIDIANA	Yes	No No No No No No No No
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IV. A. E Moo LA B. T Sta Cool I	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 Inncinerator 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 submitting forms was delivered to me with all elements completed on MAY 14, 2007 Bits Fargo Financial Indiana, Inc. (type name as signed) LURA ROBSON BRETT ROBSON Before me, the undersigned, a Notary Public in and for said County, this 14TH day of MAY 2007 AURA ROBSON BRETT ROBSON and acknowledged the execution of the foregoing, futures my han been ame as signed: CHRISTOPHER R. BENNETT	Yes	No N
No. LA B. T Sta Con Typ	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 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 submitte knowledge and belief, true and accurate. Integgor/Transferor (type name as signed): URA ROBSON, BRETT ROBSON INDIANA INDIANA Iss. Before me, the undersigned, a Notary Public in and for said County, this I 4TH day of MAY 2007 AURA ROBSON BRETT ROBSON	Yes	No N
IV. A. E Mo LA B. T Sta Cool Tyr My Thi	Type of business or property usage If the transferor has knowledge, indicate whether the following existed under one 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 Recycling Operations Waste Treatment Detoxification Other Land Disposal Area Certification Waste Injection Wells Wastewater Treatment Detoxification Other Land Disposal Area Certification Waste Treatment Detoxification Other Land Disposal Area Certification Waster Treatment Detoxification Other Land Disposal Area Certification Waster Treatment Detoxification Other Land Disposal Area Certification Waster Treatment Detoxification Waster Treatment Detoxification Other Land Disposal Area Certification Waster Treatment Detoxification Waster Treatment Waster Pile Waster Waster Pile Waster Pile Waster Waster Pile Waster Waster Pile Waster Wast	Yes	No N
IV. A. E Mo LA B. T Sta Cool Tyr My Thi	Name Type of business or property usage If the transferor has knowledge, indicate whether the following avised under proper ownerships, leaseholds granted by the transferor, or other contracts for management or use of the property. Landfill Surface Impoundment Landfill Surface Impoundment Landfill Surface Impoundment Landfill Surface Impoundment Landfill Surface Impoundment Landfill Surface Impoundment Landfill Surface Impoundment Landfill Surface Impoundment Landfill Surface Impoundment Land Treatment Waste Pile Incinerator 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 submitts knowledge and belief, fue and accurate that the information is certify that the information submitts in the sequence of the property of t	Yes	No N
IV. A. E Mo LA B. T Sta Cool Typp My Thi I af	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 (Moderground) Container Storage Area Injection Wells Wastewater Treatment Units Septic Tanks Transfer Stations Waste Recycling Operations Waste Recycling Operations Waste Recycling Operations Usase on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitt knowledge and belief, true and accurate. Integrator Transfer Stations URA ROBSON, BREIT ROBSON This form was delivered to me with all elements completed on MAY 14, 2007 Ills Fargo Financial Indiana, Inc. (type name as signed): JAVID HOUSTON Ss. Unty of PORTER Before me, the undersigned, a Notary Public in and for said County, this 14TH day of the foregoing Witnes my han be of INDIANA Ss. Unty of PORTER Before me, the undersigned, a Notary Public in and for said County, this 14TH day of the foregoing Witnes my han be of INDIANA Ss. Unty of PORTER Before me, the undersigned, a Notary Public in and for said County, this 14TH day of the foregoing Witnes my han be of INDIANA Ss. Unty of PORTER Service of Tindiana, Inc. (type name as signed): CHRISTOPHER R. BENNETT Commission Expires: OCTOBER 15, 2014 M. MARQUIS/WELLS FARCO FINANCIAL INDIANA, INC (firm, that under the penallies for perjury, that I have taken reasonable care to perjact each Social Security number in this document of the foregoing witness my han the security number in this document of the foregoing witness my han the security number in this document of the foregoing witness my han the security number in this document of the foregoing witness my han the security number in this document of the foregoing witness my han the security number in this document of the foregoing witness my hand the p	Yes	No N

ADDENDUM B

Legal description:
LOT 30, EXCEPT THE NORTH 20 FEET THEREOF, AND ALL OF LOTS 29 IN BLOCK 12 IN
FORESTDALE, HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20 PAGE 16,
IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

A. P. No.: 26-33-0110-0030

