



STATE OF HIGHARA LABE COUNTY FILED FOR RECORD

2000 Fil. 27 Fil. 1:48

MICHAGL AL BROWN RECORDER

## **Environmental Disclosure** Document for Transfer of Real Property (IC 13-25-3-7.5) State Form 52653 (R/1-07) Indiana Department of Environmental Management

A WARNING TO THE PARTIES TO A TRANSFER OF PROPERTY:

The single act of reading this document does not constitute "all appropriate inquiries" into the previous ownership and uses of the facility to satisfy that requirement under the federal Comprehensive Environmental Response, Compensation and Liability Act (42 U.S.C. 9601(35)(B)). You are strongly encouraged to read this document carefully and to take all other actions necessary to make a due diligence inquiry into the previous ownership and uses of the facility if you intend to satisfy the criteria to avoid liability under the federal Comprehensive Environmental Response, Compensation and Liability Act of IC 13-25-4

| For Use By County Recorder's Office            |   |
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| County   |   |
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| Received by                                    |   |
| The following information is provided under IC |   |
| 13-25-3-7.5, the Responsible Property Transfe  | r |
| Law.   |   |

| Compensation and Liability Act of IC 13-23-4.   | 13-25-3-7.5, the Responsible Property Transfer Law.             |  |  |  |
|---|---|--|--|--|
| I. Property Identification  |   |  |  |  |
| A. Address of Property:   |   |  |  |  |
| Street Ci   | ty or town  |  |  |  |
| 0110701117.121.102  | CHERERVILLE   |  |  |  |
| Township Tax Parcel Identification No. (Key Number):  |   |  |  |  |
| B. Legal Description:   | ntic  |  |  |  |
| Section   | Range   |  |  |  |
|   |   |  |  |  |
| Enter or attach complete legal description in this area:  This Document is the second | e property of   |  |  |  |
| Liability Disclosure  Transferors and transferees of real property are advised that their ownersh environmental cleanup costs whether or not they caused or contributed to the pre-   | ip or other control of such property may render them liable for |  |  |  |
| C. Property Characteristics:  |   |  |  |  |
| Lot size Acre   | age   |  |  |  |
|   | Industrial building Farm, with buildings Other (specify)        |  |  |  |
| A. (1) Is this a transfer by deed or other instrument of conveyance of fee title to   | o property?   |  |  |  |
| <ul> <li>(2) Is this a transfer by assignment of over 25% of beneficial interest of a la</li> <li>(3) A lease exceeding a term of 40 years?</li> <li>(4) A collateral assignment of beneficial interest?</li> <li>(5) An installment contract for the sale of property?</li> <li>(6) A mortgage of trust deed?</li> <li>(7) A lease of any duration that includes an option to purchase?</li> </ul>   |   |  |  |  |
| B. (1) Identify Transferor:   |   |  |  |  |
| Name of Transferor  | No.   |  |  |  |
| Address   | City/State  |  |  |  |
| Zip   | Trust number  |  |  |  |
| Name and address of Trustee if this is a transfer of beneficial interest of a land tru  | ıst.  |  |  |  |
| VIVUANS   |   |  |  |  |
|   |   |  |  |  |
|   | (0 - 45   |  |  |  |

# 0488-37873

IN-0145-0907

HOLD FOR RICK

| 1  | ne, position (if any), and address and telephone number. me   | Position   |
|--|---|--|
| Ad   | dress   | City/State   |
| Zip  |   | Telephone number   |
| Z 16                                       |   | ( ) -  |
| C  | Identify Transferee:  |  |
| 1  | me of Transferee  |  |
| _  | ELLS FARGO FINANCIAL INDIANA, INC.  dress   | City/State   |
| _  | US HWY 41   | SCHERERVILLE, IN   |
| Zip  | 375   |  |
|  | Environmental Information   |  |
| <u>A.</u>                                  | Regulatory Information During Current Ownership  Has the transferor ever conducted operations on the property which   | involved the generation, manufacture, processing,  |
| <ol> <li>2.</li> <li>3.</li> </ol>         | Transfer Stations Waste Recycling Operations Waste Treatment Detoxification Other Land Disposal Area If there are "YES" answers to any of the above items and the transfer other than a mortgage or trust deed or a collateral assignment of ber copies of this document that you file with the county recorder and the   | e same form and approximate amount, concentration, engaged in any commercial mixing (other than paint vicing, or cleaning operations on the property.  h involved the processing, storage, or handling of error's vehicle usage?  ch involved the generation, transportation, storage, 9(a))?  erry that are used or were used by the transferor to  |
|  |   |  |
| 5.   | that identifies the location of each unit.  Has the transferor ever held any of the following in regard to this real pr (A) Permits for discharges of wastewater to waters of Indiana.  (B) Permits for emission to the atmosphere.   | operty? Recorder!  |
|  | Has the transferor ever held any of the following in regard to this real process.  (A) Permits for discharges of wastewater to waters of Indiana.  (B) Permits for emission to the atmosphere.  (C) Permits for any waste storage, waste treatment, or waste disposal   | operation?   |
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| <ul> <li>10. Is the facility currently operating under a variance granted by the commissioner of the Indiana Department of Environmental Management?</li> <li>11. Has the transferor ever conducted an activity on the site without obtaining a permit from the U.S. Environmental Protection Agency, the commissioner of the Indiana Department of Environmental Management, or another</li> </ul>  | □ Y       | ☐ Yes ♥ No |                  |                           |
|--|-----------|------------|------------------|---------------------------|
| administrative agency or authority with responsibility for the protection of the environment, when such permit was required by law?  If the answer is Yes, describe the activity:  | □ Y       | 'es        | N                | 0                         |
|  | -         |            |                  |                           |
| 12. Is there any explanation needed for clarification of any of the above answers or responses?  | -<br>-    |            |                  |                           |
| B. Site Information Under Other Ownership or Operation   |           |            |                  |                           |
| 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, other contracts for management or use of the property:  Landfill  |           |            |                  |                           |
| Surface Impoundment  | _         | es .       |                  |                           |
| Land Application   | _         | es         |                  |                           |
| Waste Pile   | _         | res        |                  |                           |
| Incinerator  | _         | res<br>res |                  | lo<br>lo                  |
| Storage Tank (Above Ground)  | _         | res<br>Yes |                  | lo                        |
| Storage Tank (Underground)   | _         | res<br>Yes |                  | lo                        |
| Container Storage Area   |           | res        |                  | lo                        |
| Injection Wells  | _         | res        | _                | lo                        |
| Wastewater Treatment Units OCUMENT 15  |           | Yes        | _                | lo                        |
| Septic Tanks   |           | Yes        | _                | lo                        |
| Transfer Stations  |           | Yes        |                  | lo                        |
| Waste Recycling Operations   | _         | Yes        | _                | lo                        |
| Waste Treatment Detoxification   |           | Yes        | _                | lo                        |
| Other Land Disposal Area his Document is the property of   | Z         | Yes        |                  |                           |
| IV. Certification the Lake County Recorder!  |           |            |                  | <del></del>               |
| A. Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submit knowledge and belief, true and accurate.   | ted is, 1 | to the     | best of          | my                        |
| Transferor (or on behalf of Transferor):   | 100       | {·         |                  | 1 1                       |
| KEVIN JOHNSTON AND MELODY JOHNSTON   | EL o      | 7          | 1                | 10 -                      |
| B. This form was delivered to me with all elements completed on? MARCH 5, 2008   |           | $\forall$  | <del>) - /</del> | State of Management and a |
| Transferee (or on behalf of Transferee):   |           |            |                  |                           |
| DAN SCHIFF   | ontinue   | ed on      | reverse          | side)                     |
|  |           |            |                  | ,                         |
| SOUTH  |           |            |                  |                           |
| JEAL WOIANA THE THE PARTY OF TH |           |            |                  |                           |

| ) SS.  |                                 | ction Upon Completion of the must comply with the delivery require |                       | 3-2 and the filing and | d recording requirements of | of IC 13-25-3-8.           |
|--|---------------------------------|--|-----------------------|------------------------|-----------------------------|----------------------------|
| State of INDIANA Inc. 41 US HWY 41, SCHERERVILLE, IN 46375 Care to redact each Social Security number in this document, unless required by law.  Signature:  Return to: Wells Fargo Financial Indiana, Inc. 41 US HWY 41  | B. The transferee               | e must comply with the recording requ                              | uirements of IC 13-28 | 5-3-8.                 |                             |                            |
| State of INDIANA ss.  County of LAKE ss.  Before me, the undersigned, a Notary Public in and for said county, this 5TH day of MARCH 2008 came KEVIN JOHNSTON & MELODY JOHNSTON and acknowledged the execution of the foregoing instrument. Witness my hand and official seal.  My Commission Expires: JULY 23, 2015  KEVIN SEAN SMOSNA Notary Public instrument prepared by: JEAN DOHMETER (name) Wells Fargo Financial andiana, Inc. 41 US HWY 41., SCHERERVILLE, IN 46375 (address).  Affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature: Carlot of the foregoing instrument with the common penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.   | NOTARY ACI                      | KNOWLEDGMENT   |                       |                        |                             |                            |
| State of INDIANA S. LAKE  Before me, the undersigned, a Notary Public in and for said county, this 5TH day of MARCH 2008 Came KEVIN JOHNSTON & MELODY JOHNSTON and acknowledged the execution of the foregoing instrument. Witness my hand and official seal.  My Commission Expires: JULY 23, 2015  My Commission Expires: JULY 23, 2015  Instrument prepared by: JEAN DOHMETER (name) Wells Fargo Financial Indiana, Inc. 41 US HWY 41, SCHERERVILLE, IN 46375 (address).  Affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature: Cause of Security HWY 41  Return to: Wells Fargo Financial Indiana, Inc. 41 US HWY 41   |                                 |  |                       | E LANGE                | Lake County                 | 1                          |
| Before me, the undersigned, a Notary Public in and for said county, this 5TH day of  MARCH 2008 came KEVIN JOHNSTON & MELODY JOHNSTON  and acknowledged the execution of the foregoing instrument. Witness my hand and official seal.  My Commission Expires: JULY 23, 2015  KEVIN SEAN SMOSNA Notary Public  Instrument prepared by: JEAN DOHMEIER (name) Wells Fargo Financial (address).  affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature: Ca Ca Carrier Signature: 41 US HWY 41  Return to: Wells Fargo Financial Indiana, Inc. 41 US HWY 41  | State of                        | INDIANA  | _)                    | TOME                   |                             | ł                          |
| MARCH 2008 , came KEVIN JOHNSTON & MELODY JOHNSTON  and acknowledged the execution of the foregoing instrument. Witness my hand and official seal.  My Commission Expires: JULY 23, 2015  KEVIN SEAN SMOSNA , Notary Public  Instrument prepared by: JEAN DOHMEIER (name) Wells Fargo Financial (address).  affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature: Return to: Wells Fargo Financial Indiana, Inc. 41 US HWY 41  | County of                       | L <b>A</b> KE  | ) ss. <u>*</u><br>_)  | *******                |                             | <del>-</del>               |
| and acknowledged the execution of the foregoing instrument. Witness my hand and official seal.  My Commission Expires: JULY 23, 2015  KEVIN SEAN SMOSNA , Notary Public  Instrument prepared by: JEAN DOHMEIER (name) Wells Fargo Financial (address).  Indiana, Inc. 41 US HWY 41., SCHERERVILLE, IN 46375 (address).  Affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature: Ca 41 US HWY 41.   | Before me                       | , the undersigned, a Notary P                                      | ublic in and for s    | aid county, this       | 5тн                         | day of                     |
| and acknowledged the execution of the foregoing instrument. Witness my hand and official seal.  My Commission Expires: JULY 23, 2015  KEVIN SEAN SMOSNA , Notary Public  Instrument prepared by: JEAN DOHMEIER (name) Wells Fargo Financial (address).  Indiana, Inc. 41 US HWY 41., SCHERERVILLE, IN 46375 (address).  Affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature: Ca 41 US HWY 41.   | MARCH :                         | 2008   | VEVIN IC              | NUNCTON S. M           | FIODY IOHNSTON              |                            |
| My Commission Expires: JULY 23, 2015  This Document is the property of Instrument prepared by: JEAN_DOHMEIER (name) Wells Fargo Financial Indiana, Inc. 41 US HWY 41., SCHERERVILLE, IN 46375 (address).  affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature: Ca. L.   |                                 | , came   |                       |                        |                             |                            |
| This Document is the property of Instrument prepared by:  JEAN_DOHMEIER (name) Wells Fargo Financial Indiana, Inc. 41 US HWY 41, SCHERERVILLE, IN 46375 (address).  affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature:  Return to: Wells Fargo Financial Indiana, Inc. 41 US HWY 41   |                                 |  | ocup                  | nent                   | 25                          |                            |
| This Document is the property of Instrument prepared by:  JEAN DOHMEIER (name) Wells Fargo Financial Indiana, Inc. 41 US HWY 41., SCHERERVILLE, IN 46375 (address).  affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature:  Return to: Wells Fargo Financial Indiana, Inc. 41 US HWY 41  | My Commissio                    | on Expires: JULY 23, 2   |                       | IN SEAN SMO            | 8NA                         | lotary Public              |
| Instrument prepared by: JEAN_DOHMEIER (name) Wells Fargo Financial Indiana, Inc. 41 US HWY 41., SCHERERVILLE, IN 46375 (address).  affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature:   Return to: Wells Fargo Financial Indiana, Inc. 41 US HWY 41   |                                 |  |                       |                        | · ·                         |                            |
| affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature:  Return to: Wells Fargo Financial Indiana, Inc.  41 US HWY 41  | In a fee, one a mit we will     | This Doct  | ument i               | s the pi               | roperty o                   | f                          |
| affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  Signature:  Return to: Wells Fargo Financial Indiana, Inc.  41 US HWY 41  | Instrument pre<br>Indiana, Inc. | 41 US HWY 41., SCH   | ERERVILLE,            | IN 46375               | (name) vveils Far           | go Financial<br>(address). |
| Signature:  Return to: Wells Fargo Financial Indiana, Inc. 41 US HWY 41  | , ,                             |  |                       |                        |                             | (::::::::::::/:            |
| Return to: Wells Fargo Financial Indiana, Inc. 41 US HWY 41  |                                 |  |                       | easonable care         | to redact each Soc          | cial Security              |
| Return to: Wells Fargo Financial Indiana, Inc. 41 US HWY 41  |                                 |  |                       |                        |                             |                            |
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IN-0145-0907

## ADDENDUM A TO MORTGAGE

## **Description of Property**

LOT 127 IN UNIT 4, FOXWOOD ESTATES, AN ADDITION TO THE TOWN OF SCHERERVILLE, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 71, PAGE 53, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

