



**ENVIRONMENTAL DISCLOSURE FOR  
TRANSFER OF REAL PROPERTY (IC 13-25-3-7.5)**

State Form 52653 (R2 / 7-07)  
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 or IC 13-25-4.

For Use By County Recorder's Office

County	
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The following information is provided under IC 13-25-3-7.5, the Responsible Property Transfer Law.

**PART ONE: PROPERTY IDENTIFICATION**

**A. Address of Property:** 4750 HOHMAN AVENUE

City or Town	HAMMOND	Township	NORTH
Tax Parcel Identification No. (Key Number): 45-02-25-451-033.000-023			
<b>B. Legal Description:</b> Section		Township	Range
Enter or attach complete legal description in this area: <del>LOTS 50 &amp; 51, BLOCK 1 IN REDIVISION OF HOFFMAN'S FIRST ADDITION TO THE TOWN, NOW CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 1 PAGE 100 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.</del>			

**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 clean-up costs whether or not they caused or contributed to the presence of environmental problems in association with the property.

**C. Property Characteristics:** Lot Size \_\_\_\_\_ Acreage \_\_\_\_\_

Check all types of improvement 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 checked="" type="checkbox"/> Store, Office, Commercial Building	<input type="checkbox"/> Other (specify)

**PART TWO: NATURE OF TRANSFER**

A. (1) Is this a transfer by deed or other instrument of conveyance of fee title to property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is this a transfer by assignment of over 25% of beneficial interest of a land trust?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) A lease exceeding a term of 40 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) A collateral assignment of beneficial interest?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) An installment contract for the sale of property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) A mortgage of trust deed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) A lease of any duration that includes an option to purchase?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

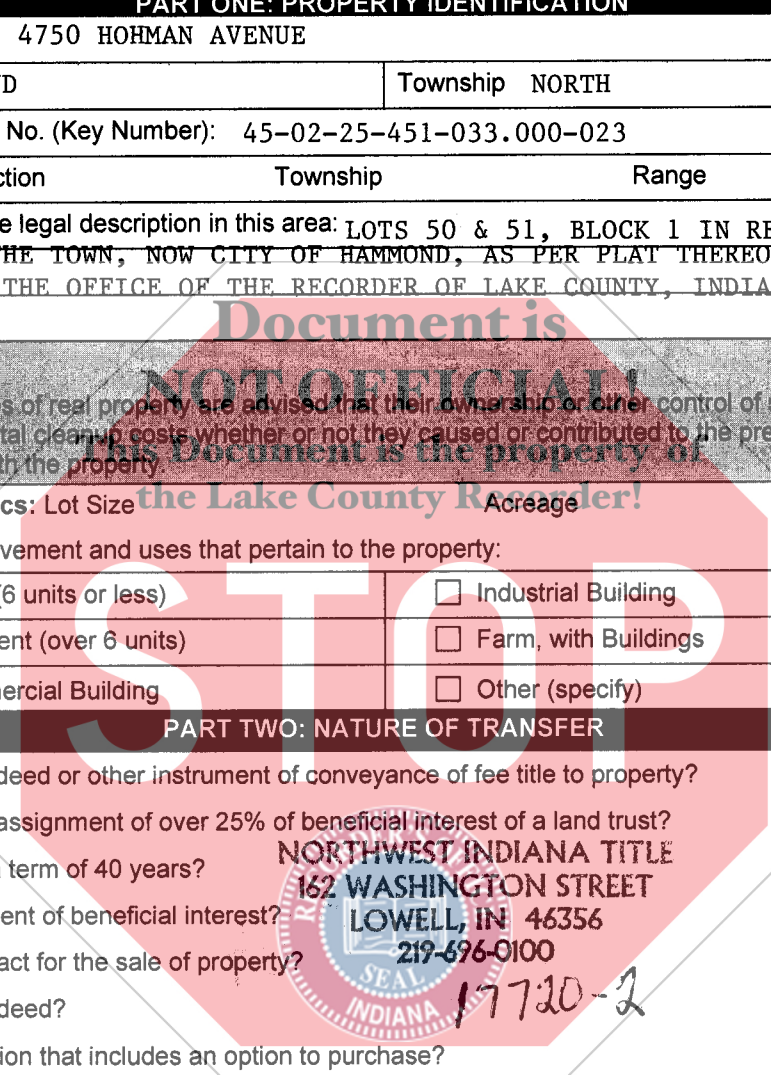
**B. Identify Transferor:**

Name and Current Address of Transferor: EUGENE J. PUDLO

Address: EUGENE J. PUDLO

City: 4135 CAMERON AVE State: HAMMOND ZIP: IN 4632-

Trust No.:



MICHAEL A. ...  
 RECORDER  
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**PART TWO: NATURE OF TRANSFER (continued)**

Name and Address of Trustee if this is a transfer of beneficial interest of a land trust.		
Name and Current Address of Transferor		
Address		
City	State:	ZIP
<b>C. Identify Person Filling Out Form:</b>		
Identify person who has completed this form on behalf of the Transferor and who has knowledge of the information contained in this form. Include name, position (if any), and address and telephone number.		
Name	EUGENE J. PUDLO	Position
Address	4135 CAMERON AVE	City HANMOR State: IN ZIP 46327
Telephone	1-219-933-7613	
<b>D. Identify Transferee:</b>		
Name and Current Address of Transfer	STEPHEN BORSUK	
Address	2720 Cordt City Highland	
State:	IN ZIP 46322	

**PART THREE: ENVIRONMENTAL INFORMATION**

<b>A. Regulatory Information During Current Ownership</b>					
(1). Has the transferor ever conducted operations on the property which involved the generation, manufacture, processing, transportation, treatment, storage, or handling of a "hazardous substance" (as defined by IC 13-11-2-93)? 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.				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2). 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?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3). 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 13-11-2-99(a))?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4). Are there any of the following 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 type="checkbox"/> No	Injection wells	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surface impoundment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wastewater treatment units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Land application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Septic tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waste pile	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Transfer stations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incinerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Waste recycling operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Storage tank (above ground)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Waste treatment detoxification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Storage tank (underground)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other land disposal use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Container storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If there are "YES" answers to any of the items in PART TWO and the transfer of property that requires the filing of this document is other than a mortgage or trust deed or a collateral assignment of beneficial interest in a land trust, 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.					

**PART THREE: ENVIRONMENTAL INFORMATION (continued)**

<b>(5). Has the transferor ever held any of the following in regard to this real property?</b>		
(A) Permits for discharges of wastewater to waters of Indiana.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(B) Permits for emissions to the atmosphere.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(C) Permits for any waste storage, waste treatment, or waste disposal operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(6). Has the transferor ever discharged any wastewater (other than sewage) to a publicly owned treatment works?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(7). Has the transferor been required to take any of the following actions relative to this property?</b>		
(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).	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(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?</b>		
(A) Written notification regarding known, suspected, or alleged contamination on or emanating from the property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(B) Filing an environmental enforcement case with a court or the solid waste management board for which a final order or consent decree was entered.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(9). Environmental Releases During Transferor's Ownership.</b>		
(A) Has any situation occurred at this site which resulted in a reportable "release" of any hazardous substances or petroleum as required under state or federal laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(B) Have any hazardous substances or petroleum which was released come into direct contact with the ground at this site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer to question (9A) or (9B) is Yes, have any of the following actions or events been associated with a release on the property?		
<input type="checkbox"/> Use of a cleanup contractor to remove or treat materials including soils, pavement, or other surficial materials?		
<input type="checkbox"/> Assignment of in-house maintenance staff to remove or treat materials including soils, pavement, or other surficial materials?		
<input type="checkbox"/> Sampling and analysis of soils?		
<input type="checkbox"/> Temporary or more long-term monitoring of groundwater at or near the site?		
<input type="checkbox"/> Impaired usage of an onsite or nearby water well because of offensive characteristics of the water?		
<input type="checkbox"/> Coping with fumes from subsurface storm drains or inside basements?		
<input type="checkbox"/> Signs of substances leaching out of the ground along the base of slopes of or at other low points on or immediately adjacent to the site?		

**PART THREE: ENVIRONMENTAL INFORMATION** (continued)

(C) Is there an environmental defect (as defined in IC 13-11-2-70) on the property that is not reported under question (A) or (B)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If the answer is yes, describe the environmental defect:

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(10). Is the facility currently operating under a variance granted by the commissioner of the Indiana Department of Environmental Management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(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 administrative agency or authority with responsibility for the protection of the environment, when such permit was required by law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If the answer is yes, describe the environmental activity:

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(12). Is there any explanation needed for clarification of any of the above answers or responses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If the answer is yes, state your clarification below:

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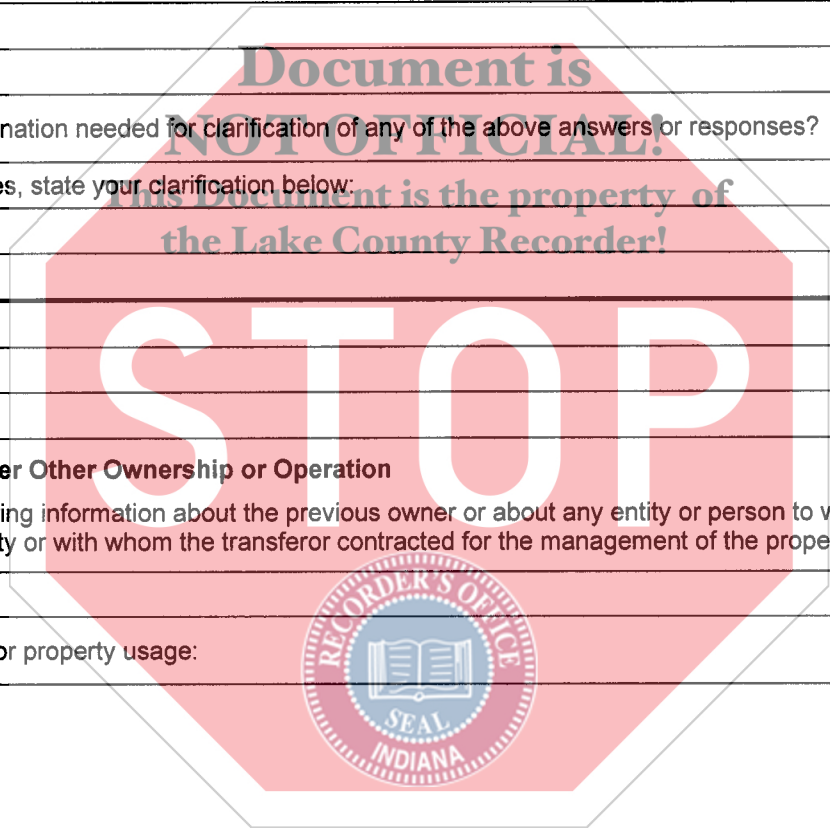
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**B. Site Information Under Other Ownership or Operation**

(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:



**PART THREE: ENVIRONMENTAL INFORMATION (continued)**

**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, other contracts for management of use of the property:

Landfill	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Injection Wells	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surface Impoundment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wastewater Treatment Units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Land Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Septic Tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waste Pile	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Transfer Stations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incinerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Waste Recycling Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Storage Tank (above ground)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Waste Treatment Detoxification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Storage Tank (underground)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Land Disposal Area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Container Storage Area	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

**PART FOUR: 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.

TRANSFEROR (or on behalf of Transferor)

*Engene J. Udell*

B. This form was delivered to me with all elements completed on

9-02-2009

TRANSFeree (or on behalf of Transferee)

**PART FIVE: FURTHER ACTION UPON COMPLETION OF THE FORM**

A. The transferor must comply with the delivery requirements of IC 13-25-3-2 and the filing and recording requirements of IC 13-25-3-8.

B. The transferee must comply with the recording requirements of IC 13-25-3-8.

