



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

State Form 52653 (5-06)
Indiana Department of Environmental Management

7

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	
Date	
Doc. No.	
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Page	
Rec'd by:	
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: 757 45th St.

City or Town Munster

Township North

Tax Parcel Identification No. (Key Number): 45-06-25-426-008.000-027

B. Legal Description: Section Township Range

Enter or attach complete legal description in this area: Attached

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Transferors 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 environmental problems in association with the property.

STATE OF INDIANA
 LAKE COUNTY
 RECORDER
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 MARIAN BROWN

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 checked="" 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 |

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(7) A lease of any duration that includes an option to purchase?

Yes

No

PART TWO: NATURE OF TRANSFER (continued)

B. (1) Identify Transferor:

Name and Current Address of Transferor Family Care Center of Indiana, L.L.C.

Address 757 45th Street, Suite 202

City Munster

State: IN ZIP 46321

Trust No. n/a

Name and Address of Trustee if this is a transfer of beneficial interest of a land trust.

N/A

(2) 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 Alexander Stemer, M.D.

Position President

Address 757 45th St, Suite 202
46321

City Munster

State: IN

ZIP

Telephone (219) 934 - 2491

C. Identify Transferee:

Name and Current Address of Transferee: ARHC FMMUNIND LLC or Armer Rlty

Address 405 Park Ave., 2nd Fl.

City New York

State: NY ZIP 10022

PART THREE: ENVIRONMENTAL INFORMATION

A. Regulatory Information During Current Ownership

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 IC13-11-2-98)? 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

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?

Yes 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))?

Yes 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?

PART THREE: ENVIRONMENTAL INFORMATION (continued)

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

If there are "YES" answers to any of the items on the preceding page 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.

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 emissions 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? Yes No

(A) Filed an emergency and hazardous chemical inventory 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

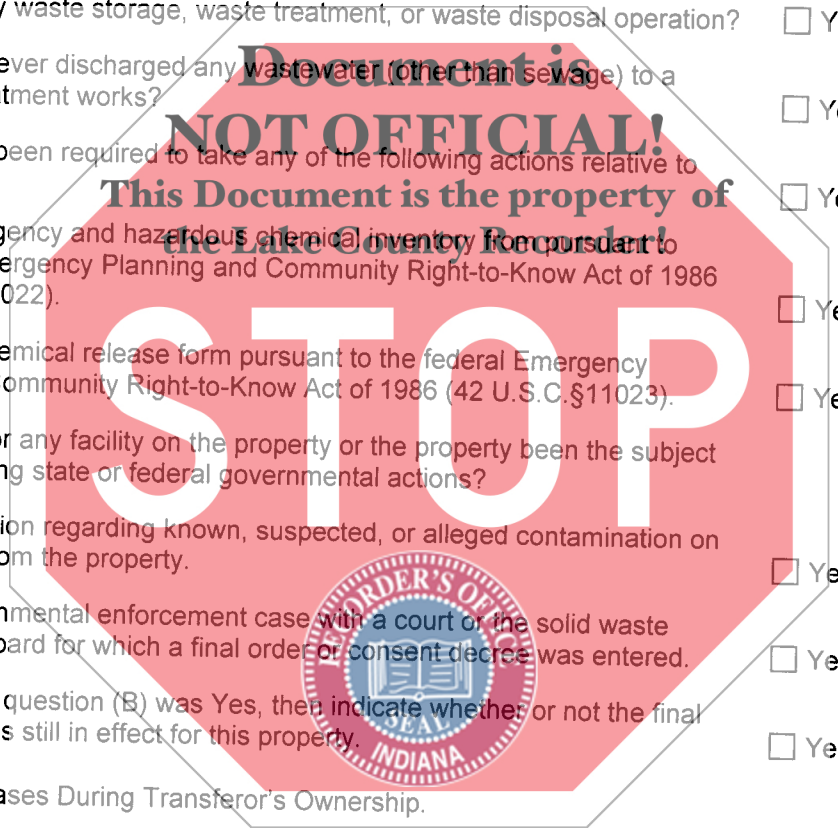
(B) Filing an environmental enforcement case with a court or the solid waste management board for which a final order or consent decree was entered. Yes No

(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 resulted 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 was released come into direct contact with the ground at this site? Yes No



If the answer to question (A) or (B) is Yes, have any of the following actions or events been associated with a release on the property?

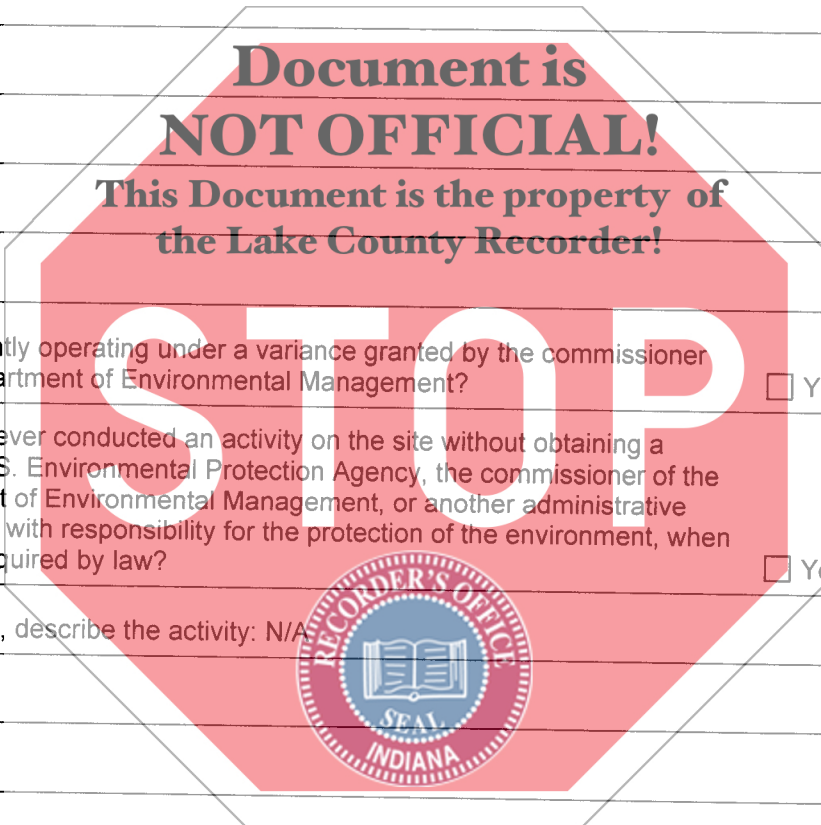
- Use of a cleanup contractor to remove or treat materials including soils, pavement, or other surficial materials?
- Assignment of in-house maintenance staff to remove or treat materials including soils, pavement, or other surficial materials?

PART THREE: ENVIRONMENTAL INFORMATION (continued)

- Sampling and analysis of soils?
- Temporary or more long term monitoring of groundwater at or near the site?
- Impaired usage of an onsite 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 of or at other low points on or immediately adjacent to the site?

(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)? Yes No

If the answer is Yes, describe the environmental defect: N/A



- 10. Is the facility currently operating under a variance granted by the commissioner of the Indiana Department of Environmental Management? Yes No
- 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? Yes No

If the answer is Yes, describe the activity: N/A

12. Is there any explanation needed for clarification of any of the above answers or responses? no

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 checked="" type="checkbox"/> No	Injection Wells	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Surface Impoundment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Wastewater Treatment Units	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Land Application	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Septic Tanks	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Waste Pile	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Transfer Stations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Incinerator	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Waste Recycling Operations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Storage Tank (above ground)	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Waste Treatment/ Detoxification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Storage Tank (underground)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Land Disposal Area	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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) Family Care Center of Indiana, L.L.C. *[Signature]*

B. This form was delivered to me with all elements completed on 10-17 2014

TRANSFEE (or on behalf of Transferee) ARHG EMMUNIN01, LLC SEE ATTACHED

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.

PART THREE: ENVIRONMENTAL INFORMATION (continued)

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B. This form was delivered to me with all elements completed on 10-17-2014

TRANSFeree (or on behalf of Transferee) ARHC IMMUNIN01, LLC

Jesse Gallonay
Authorized Signatory

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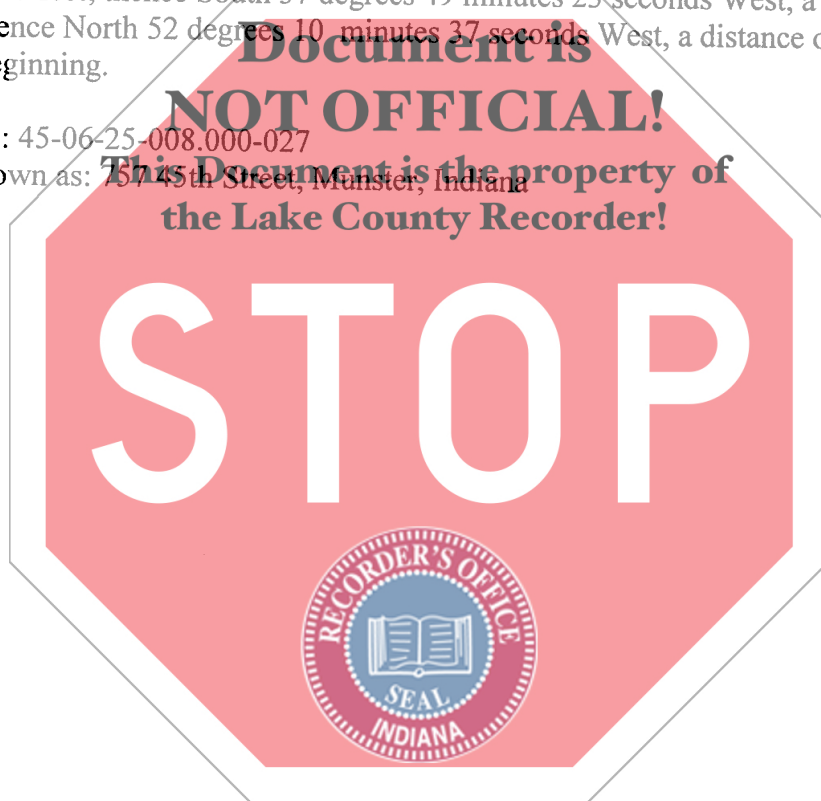
EXHIBIT A
LEGAL DESCRIPTION

Part of Lot 1 Medical Specialists Addition to the Town of Munster, as per plat thereof, and recorded in Plat Book 105, Page 14, in the Office of the Recorder of Lake County, Indiana, more particularly described as follows:

Commencing at the Southwest corner of said Lot 1; thence North 37 degrees 49 minutes 23 seconds East along the Northwesternly line of said Lot 1, a distance of 376.29 feet to the Point of Beginning; thence North 37 degrees 49 minutes 23 seconds East continuing along the Northwesternly line of said Lot 1, a distance of 250.14 feet; thence North 36 degrees 21 minutes 09 seconds West along the Northwesternly line of said Lot 1, a distance of 28.66 feet to the Northwest corner of said Lot 1; thence South 58 degrees 26 minutes 29 seconds East along the Northerly line of said Lot 1, a distance of 212.74 feet; thence South 36 degrees 21 minutes 09 seconds East along said Northerly line, a distance of 106.44 feet to the Northeast corner of said Lot 1; thence South 31 degrees 37 minutes 10 seconds West along the Easterly line of said Lot 1, a distance of 118.17 feet; thence North 52 degrees 21 minutes 09 seconds West Into said Lot 1, a distance of 68.47 feet; thence South 37 degrees 49 minutes 23 seconds West, a distance of 134.67 feet; thence North 52 degrees 10 minutes 37 seconds West, a distance of 230.60 feet to the Point of Beginning.

Tax Parcel No.: 45-06-25-008.000-027

Commonly known as: 757 45th Street, Munster, Indiana



757 45th St., Munster, IN