Parcel # 180-01-00-01500
Carla Becker Auditor
Verified By: Margraf

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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

Return to: Jeanne Archie - ITC Midwest, LLC – 201 3rd Street, SE, Suite 300, Cedar Rapids, Iowa 52401 (319) 364-6600
Tax Statement to:
Prepared By: ~ Brandy Stark – JCG Land Services – 1715 South G Avenue, Nevada, Iowa 50201 (515) 382-1698

ELECTRIC LINE EASEMENT

For and in consideration of the sum of One Dollar ($1.00) and other valuable consideration, the receipt of which is hereby acknowledged, **Judith R. Welling, Walter Welling, and Peter J. Welling and Stacey Welling, Husband and Wife, as Tenants in Common; and Raymond B. Vaske as Trustee of the Raymond B. Vaske Trust Dated July 25, 2007** ("Grantor(s)"), **ADDRESS,** 32860 Petersburg Rd., New Vienna, Ia., 52065 do(es) hereby warrant and convey unto ITC Midwest, LLC, a Michigan limited liability company, 27175 Energy Way, Novi, MI 48377, its successor and assigns, ("Grantee"), a perpetual easement with the right, privilege and authority to construct, reconstruct, maintain, operate, repair, patrol and remove an electric and telecommunications line or lines, consisting of poles, towers, crossarms, insulators, wires, guy wires, anchors and other necessary fixtures, equipment and construction for transmitting electricity, communications and all Corporate purposes together with the power to extend to any other party the right to use, jointly with the Grantee, pursuant to the provisions hereof, upon, under, over and across the following described lands located in the County of Delaware and the State of Iowa:

The South Half (S½) of the Southeast Quarter (SE¼) of Section One (1) Township Eighty-nine (89) North, Range Three (3) West of the 5th P.M., Delaware County, Iowa.

The rights herein granted shall be limited to an Easement strip 150 feet in width, being 75 feet each side of the centerline, or extensions thereof, of an electric transmission line as located and so constructed on or adjacent to the above-described property;

Together with all the rights and privileges for the full enjoyment or use thereof for the aforesaid purpose.

Grantor(s) agrees that it will not construct or place any buildings, structures, plants, or other obstructions on the property described above which would result in a violation of the minimum clearance requirements of the National Electric Safety Code or would interfere with the operation and maintenance of the line.

Grantor(s) also conveys the right and privilege to trim, cut down or control the growth of any trees or other vegetation on said described land and such other trees and vegetation adjacent thereto as in the judgment of the Grantee may interfere with construction, reconstruction, maintenance, operation, repair, use of, or which in falling might touch the said line or lines.

Grantee, its contractor or agent, may enter said premises for the purpose of making surveys and preliminary estimates immediately upon the execution of this easement.

The Grantor(s) also grants to the Grantee the right of ingress and egress to said line or lines, over/under lands now owned by the Grantor(s), for the purpose of constructing, reconstructing, maintaining, operating, patrolling, repairing and removing said line or lines, and the Grantee agrees to pay to the Grantor(s) or its tenants all damages done to the lands (except the cutting and trimming of trees or other vegetation), fences, livestock or crops of the Grantor(s) or its tenants, by the Grantee or its employees while constructing, reconstructing, patrolling or repairing said line or lines.

Signed this 21st day of July, 2009.

GRANTOR(S)

By: Judith R Welling
Judith R. Welling

By: _____

ALL PURPOSE ACKNOWLEDGMENT

STATE OF Iowa)

COUNTY OF Delaware) ss:

On this 21 day of July, AD. 2009, before me, the undersigned, a Notary Public in and for said State, personally appeared

Judith R Welling

_____

_____ to me personally known

or ✓ provided to me on the basis of satisfactory evidence

to be the persons(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

NOTARY SEAL _____
(Sign in Ink)

Michael L. Grove
(Print/type name)

Notary Public in and for the State of IOWA

CAPACITY CLAIMED BY SIGNER

✓ INDIVIDUAL
_____ CORPORATE
Title(s) of Corporate Officers(s):

_____

_____

_____ N/A
_____ Corporate Seal is affixed
_____ No Corporate Seal procured

_____ PARTNER(s)
_____ Limited Partnership
_____ General Partnership

_____ ATTORNEY-IN-FACT
_____ EXECUTOR(s),
_____ ADMINISTRATOR(s),
_____ or TRUSTEE(s):
_____ GUARDIAN(s)
_____ or CONSERVATOR(s)
_____ OTHER

_____

_____

SIGNER IS REPRESENTING:
List name(s) of persons(s) or entity(ies):

_____

_____

NOTARIAL SEAL IOWA
MICHAEL L. GROVE
Commission Number 757863
My Commission Expires
2/15/2012

Signed this 21 day of July, 2009.

GRANTOR(S)

By: Walter Welling
Walter Welling

By: _____

ALL PURPOSE ACKNOWLEDGMENT

STATE OF Iowa)

COUNTY OF Delaware) ss:

On this 21 day of July, AD. 2009, before me, the undersigned, a Notary Public in and for said State, personally appeared

Walter Welling

_____

_____ to me personally known

or ✓ provided to me on the basis of satisfactory evidence

to be the persons(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

NOTARY SEAL _____
(Sign in Ink)

Michael L. Grove
(Print/type name)

Notary Public in and for the State of Iowa

CAPACITY CLAIMED BY SIGNER

✓ INDIVIDUAL
_____ CORPORATE
Title(s) of Corporate Officers(s):

_____

_____

_____ N/A
_____ Corporate Seal is affixed
_____ No Corporate Seal procured

_____ PARTNER(s)
_____ Limited Partnership
_____ General Partnership

_____ ATTORNEY-IN-FACT
_____ EXECUTOR(s),
_____ ADMINISTRATOR(s),
_____ or TRUSTEE(s):
_____ GUARDIAN(s)
_____ or CONSERVATOR(s)
_____ OTHER

_____

_____

SIGNER IS REPRESENTING:
List name(s) of persons(s) or entity(ies):

_____

_____

NOTARY SEAL IOWA
MICHAEL L. GROVE
Commission Number 757863
My Commission Expires
4/5/2012

Signed this 21st day of July, 2009.

GRANTOR(S)

By: _____
Peter J. Welling

By: _____

ALL PURPOSE ACKNOWLEDGMENT

STATE OF Iowa)
COUNTY OF Delaware) ss:

On this 21 day of July, AD. 2009, before me, the undersigned, a Notary Public in and for said State, personally appeared

Peter J Welling

_____ to me personally known

or ✓ provided to me on the basis of satisfactory evidence

to be the persons(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

NOTARY SEAL _____
(Sign in Ink)

Michael L. Grove
(Print/type name)

Notary Public in and for the State of Iowa

CAPACITY CLAIMED BY SIGNER

✓ INDIVIDUAL
_____ CORPORATE
Title(s) of Corporate Officers(s):

_____

_____

_____ N/A
_____ Corporate Seal is affixed
_____ No Corporate Seal procured

_____ PARTNER(s)
_____ Limited Partnership
_____ General Partnership

_____ ATTORNEY-IN-FACT
_____ EXECUTOR(s),
_____ ADMINISTRATOR(s),
_____ or TRUSTEE(s):
_____ GUARDIAN(s)
_____ or CONSERVATOR(s)
_____ OTHER

_____

_____

SIGNER IS REPRESENTING:
List name(s) of persons(s) or entity(ies):

_____

_____

NOTARIAL SEAL
MICHAEL L. GROVE
Commission Number 757863
My Commission Expires
4/15/2012

Signed this 4th day of Sept., 2009.

GRANTOR(S)

By: Stacey Welling
Stacey Welling

By: _____

ALL PURPOSE ACKNOWLEDGMENT

STATE OF Iowa)
COUNTY OF Delaware) ss:

On this 4th day of Sept, AD. 2009 before me, the undersigned, a Notary Public in and for said State, personally appeared

Stacey Welling

_____ to me personally known

or ✓ provided to me on the basis of satisfactory evidence

to be the persons(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

NOTARY SEAL Michael L. Grove
(Sign in Ink)

Michael L. Grove
(Print/type name)

Notary Public in and for the State of Iowa

CAPACITY CLAIMED BY SIGNER

_____ INDIVIDUAL
_____ CORPORATE
Title(s) of Corporate Officers(s):

_____

_____

_____ N/A
_____ Corporate Seal is affixed
_____ No Corporate Seal procured

_____ PARTNER(s)
_____ Limited Partnership
_____ General Partnership

_____ ATTORNEY-IN-FACT
_____ EXECUTOR(s),
_____ ADMINISTRATOR(s),
_____ or TRUSTEE(s):
_____ GUARDIAN(s)
_____ or CONSERVATOR(s)
_____ OTHER

_____

_____

SIGNER IS REPRESENTING:
List name(s) of persons(s) or entity(ies):

_____

_____

NOTARIAL SEAL IOWA
MICHAEL L. GROVE
Commission Number 757863
My Commission Expires
4/15/2012

Signed this 21 day of July, 2009.

GRANTOR(S)

By: Raymond B. Vaske
Raymond B. Vaske as Trustee

By: _____

ALL PURPOSE ACKNOWLEDGMENT

STATE OF Iowa)
COUNTY OF Delaware) ss:

On this 21 day of July, AD. 2009, before me, the undersigned, a Notary Public in and for said State, personally appeared

Raymond B Vaske as trustee

_____

_____

_____ to me personally known

or ✓ provided to me on the basis of satisfactory evidence

to be the persons(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

NOTARY SEAL _____
(Sign in Ink)

Michael L. Grove
(Print/type name)

Notary Public in and for the State of Iowa

CAPACITY CLAIMED BY SIGNER

✓ INDIVIDUAL
_____ CORPORATE
Title(s) of Corporate Officers(s):

_____

_____

_____ N/A
_____ Corporate Seal is affixed
_____ No Corporate Seal procured

_____ PARTNER(s)
_____ Limited Partnership
_____ General Partnership

_____ ATTORNEY-IN-FACT
_____ EXECUTOR(s),
_____ ADMINISTRATOR(s),
✓ or TRUSTEE(s):
_____ GUARDIAN(s)
_____ or CONSERVATOR(s)
_____ OTHER

_____

_____

SIGNER IS REPRESENTING:
List name(s) of persons(s) or entity(ies):

_____

_____

NOTARIAL SEAL
MICHAEL L. GROVE
Commission Number 757863
My Commission Expires
4/15/2012