Book 2013 Page 1053

Document 2013 GWH-1053 Type 53 001 Pages 2
Date 3/26/2013 Time 2:39:45PM
Rec Amt $.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Donna Juran, single

Address 201 E. Harrison St., Edgewood, IA 52042

Number and Street or RR | City, Town or P.O. | State | Zip

TRANSFEREE:

Name Laura M. Battin, single

Address 39286 Hilton Road, Edgewood, IA 52042

Number and Street or RR | City, Town or P.O. | State | Zip

Address of Property Transferred:
201 E. Harrison St., Edgewood, IA 52042

Number and Street or RR | City, Town or P.O. | State | Zip

Legal Description of Property: (Attach if necessary) Lots Eleven (11) and Twelve (12), Block One (1), Densmore's Addition to Edgewood, Iowa, according to plat recorded in Book 1, Plats, Page 53.

1. **Wells (check one)**
   - ✓ There are no known wells situated on this property.
   - ___ There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary.
2. **Solid Waste Disposal (check one)**
   - ✓ There is no known solid waste disposal site on this property.
   - ___ There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.
3. **Hazardous Wastes (check one)**
   - ✓ There is no known hazardous waste on this property.
   - ___ There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.
4. **Underground Storage Tanks (check one)**
   - ✓ There are no known underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.)
   - ___ There is an underground storage tank on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.

5. **Private Burial Site (check one)**
   - ✓ There are no known private burial sites on this property.
   - ___ There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

6. **Private Sewage Disposal System (check one)**
   - ✓ All buildings on this property are served by a public or semi-public sewage disposal system.
   - ___ This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
   - ___ There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. A certified inspector's report is attached which documents the condition of the private sewage disposal system and whether any modifications are required to conform to standards adopted by the Department of Natural Resources. A certified inspection report must be accompanied by this form when recording.
   - ___ There is a building served by private sewage disposal system on this property. Weather or other temporary physical conditions prevent the certified inspection of the private sewage disposal system from being conducted. The buyer has executed a binding acknowledgment with the county board of health to conduct a certified inspection of the private sewage disposal system at the earliest practicable time and to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection. A copy of the binding acknowledgment is attached to this form.
   - ___ There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgment with the county board of health to install a new private sewage disposal system on this property within an agreed upon time period. A copy of the binding acknowledgment is provided with this form.
   - ___ There is a building served by private sewage disposal system on this property. The building to which the sewage disposal system is connected will be demolished without being occupied. The buyer has executed a binding acknowledgment with the county board of health to demolish the building within an agreed upon time period. A copy of the binding acknowledgment is provided with this form. [Exemption #9]
   - ___ This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: _____.
   - ___ The private sewage disposal system has been installed within the past two years pursuant to permit number _____.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

_____

_____

_____

_____

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: Judy A Howard POA Linda L. Lau POA (Transferor or Agent) Telephone No.: _____

FILE WITH RECORDER **DNR form 542-0960 (July 18, 2012)**

318332

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

DD FORM 214 — REPORT OF TRANSFER OR DISCHARGE

PERSONAL DATA

1. LAST NAME FIRST NAME MIDDLE NAME	2. SERVICE NUMBER	3. SOCIAL SECURITY NUMBER
ALM EUGENE ELLARD	NA	394 54 3516

4. DEPARTMENT COMPONENT AND BRANCH OR CLASS	5a. GRADE RATE OR RANK	b. PAY GRADE	6. DATE OF RANK	DAY	MONTH	YEAR
ARMY-AUS-EN	SP4	E-4		9	FEB	1972

7. U.S. CITIZEN	8. PLACE OF BIRTH (City and State or Country)	9. DATE OF BIRTH	DAY	MONTH	YEAR
[X] YES [ ] NO	MENOMONIE WI		26	JUL	1951

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER	b. SELECTIVE SERVICE LOCAL BOARD NUMBER CITY COUNTY STATE AND ZIP CODE	c. DATE INDUCTED DAY	MONTH	YEAR
47 64 51 293	LB #64 HUDSON WI 54016	21	JAN	1971

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
TRF TO USAR	FORT DIX NEW JERSEY

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
AR 635-200 PARA 5-14 EARLY SEP OF OS RTNEE SPN 411		11	JAN	1973

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
CO A 23 ENGR BN USAREUR	HONORABLE	NONE

14. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED	15. REENLISTMENT CODE
USAR CON GP (ANL TNG) RCPAC ST LOUIS MO	RE-1B

SERVICE DATA

16. TERMINAL DATE OF RESERVE UNFULFILLED OBLIGATION DAY	MONTH	YEAR	17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY DAY	MONTH	YEAR
20	JAN	1977	[ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [X] OTHER NA	2		NA	

18. PRIOR REGULAR ENLISTMENTS	19. GRADE RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
NONE	PV1	MPLS MN

21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)	22. STATEMENT OF SERVICE	YEARS	MONTHS	DAYS
RFD 2 RIVER FALLS (ST CROIX) WI 54022	a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD	1	11	21
	(2) OTHER SERVICE	0	0	0
	(3) TOTAL (Line (1) plus Line (2))	1	11	21
	b. TOTAL ACTIVE SERVICE	1	11	21
	c. FOREIGN AND/OR SEA SERVICE	1	6	29

23a. SPECIALTY NUMBER & TITLE	b. RELATED CIVILIAN OCCUPATION AND DOT NUMBER
12B20 9FEB72 SEE 30	869 884 CONSTR WORKER

24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

NATIONAL DEFENSE SERVICE MEDAL — SHARPSHOOTER M-16

25. EDUCATION AND TRAINING COMPLETED

PIONEER 12A10 8/71

VA AND EMP. SERVICE DATA

26a. NON PAY PERIODS TIME LOST (Preceding Date Issued)	b. DAYS ACCRUED LEAVE PAID	27a. INSURANCE IN FORCE (USLI or USGLI)	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
NONE	NONE	[ ] YES [X] NO	NA	NA

28. VA CLAIM NUMBER	29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE
NA C	[X] $15,000 [ ] $10,000 [ ] $5,000 [ ] NONE

REMARKS

30. REMARKS

CIV ED:12 YRS
BLOOD GP: A POS
22C USAREUR
23A ES-NONE CMBT ENGR

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)	32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
BALDWIN (ST CROIX) WI 54002	Eugene Alm

33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
LARRY D WILLIAMS 2LT AG CHIEF ENL BRANCH	Larry D. Williams

DD, FORM JUL 70 214 — PREVIOUS EDITION OF THIS FORM IS TO BE USED. — ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE