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Book 2019 Page 3371 Type 43 001 Pages 3 Date 10/23/2019 Time 10:56:30AM

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENTTO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:				
Name	Wayne E. Newkirk and Mary Beth New	vkirk, as Trustees o fhe Wayne and Mary Beth Newki	irk Revocable Trust dated Decembe	r 20, 2013	
Address	1245 S. Willow Circle, West Des Moines, IA 50266				
	Number and Street or RR	City, Town or P.O.	State	Zip	
TRANSF	EREE:				
Name	Blain Lowden and DeAnn	Harvey Lowden			
		2530 190th Trail, Winterset, IA 50273			
	Number and Street or RR	City, Town or P.O.	State	Zip	
	of Property Transferred: ad, Madison County, IA				
Nun	nber and Street or RR	City, Town or P.O.	State	Zip	
Legal Des	scription of Property: (Attack	h if necessary) See 1 in Addendum			
X Tr Tr 	ated below or set forth on a Waste Disposal (check o r nere is no known solid wast	ed on this property. The type(s), lo in attached separate sheet, as nece ne) te disposal site on this property. tal site on this property and informa	essary.		
3. Hazar	dous Wastes (check one)				
Th	tachment #1, attached to th	this property and information relatence that the third in	ed thereto is provided in	l	
	ground Storage Tanks (c	•			
sn in:	nall farm and residential mostructions.)	ound storage tanks on this property tor fuel tanks, most heating oil tank	ks, cisterns and septic to	anks, in	
		rage tank on this property. The type sted below or on an attached separ			

5.	Private Buriai Site (check one)
	X 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)
٠.	All buildings on this property are served by a public or semi-public sewage disposal system.
	X 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
	po.m.c.nambor
Inf	ormation required by statements checked above should be provided here or on separate
	eets attached hereto:
•	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sid	inature: Telephone No. 515-462-373/

Addendum

1. Parcel "B" located in the Southeast Quarter (¼) of the Northwest Quarter (¼), and in the Southwest Quarter (¼) of the Northeast Quarter (¼), and in the Northeast Quarter (¼) of the Southwest Quarter (¼), and in the Northwest Quarter (¼) of the Southeast Quarter (¼) of Section Twenty-one (21), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 23.33 acres, AND Parcel "C" located in the Northeast Quarter (¼) of the Southwest Quarter (¼), and in the Northwest Quarter (¼) of the Southeast Quarter (¼) and in the Southwest Quarter (¼) of the Southeast Quarter (¼) of said Section Twenty-one (21), containing 25.38 acres, both parcels as shown in Corrected Plat of Survey filed in Book 2014, Page 2001 on August 12, 2014, in the Office of the Recorder of Madison County, Iowa,