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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

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REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Susan L. Cihal, Trustee of The Susan L. Cihal Revocable Trust, dated January 14, 2015					
Address 21698 138th Ave	Indianola	IA		50125	
Number and Street or RR	City, Town or P.O.		State	Zip	
TRANSFEREE:					
Name Joseph Jerkins	and Amanda Jerkins				
Address 565 NE Boston Pkwy	Waukee	IA		50263	
Number and Street or RR	City, Town or P.O.		State	Zφ	
Address of Property Transferred:					
2718 St. Charles Rd	St. Charles	IA		60263	
Number and Street or RR	City, Town, or P.C.		State	ZΙρ	
 Wells (check one) There are no known wells situated There is a well or wells situated stated below or set forth on an action of the company of the	on this property. The type(s), attached separate sheet, as ne		and legal	status are	
There is no known solid waste of There is a solid waste disposal:	•	ation relate	d thereto	is provided	
Attachment #1, attached to this				io piovido.	
3. Hazardous Wastes (check one)					
There is no known hazardous w	* * *				
There is hazardous waste on the Attachment #1, attached to this		ated thereto	is provide	ed in	
4. Underground Storage Tanks (che	ck one)				
There are no known undergrour small farm and residential moto instructions.)		• ,			
There is an underground storage substance(s) contained are listed					

5.	Priv	vate Burial 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				
£	Priv	necessary. vate Sewage Disposal System (check one)				
v.		All buildings on this property are served by a public or semi-public sewage disposal system.				
	검	This transaction does not involve the transfer of any building which has or is required by law to				
		have a sewage disposal system.				
	П	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.				
	П	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 pursua						
	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				
Inf	orm	nation required by statements checked above should be provided here or on separate				
		s attached hereto:				
_						
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS				
		FORM				
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.					
Sig	nat	ure: Susan S. Whel Telephone No.: (402) 450-777				
		(i ransieror or Agent)				

ATTACHMENT

Parcel "C" located in the East Half (1/2) of the Northwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Thirteen (13), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 18.864 acres, as shown in Plat of Survey filed in Book 2002, Page 5730 on November 21, 2002, in the Office of the Recorder of Madison County, Iowa; EXCEPT Parcel "D", located therein, containing 0.477 acres, as shown in Plat of Survey filed in Book 2003, Page 2543 on May 2, 2003, in the Office of the Recorder of Madison County, Iowa.