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Rec Amt \$.00

INDX ANNO

LISA SMITH, COUNTY RECORDER MADISON IOWA

SCAN CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE CON	IPLETED BY TRANSFER	OR	
TRANSFEROR Name Eric S. Albrecht and Vicki L. Albrecht			
Address 2699 - 187th Lane, Winterset, Iowa 50237			
Number and Street or RR	City, Town or P.O.	State	Zip
TRANSFEREE Name <u>Paul J. Heffron</u>			
Address 2627 - 160th Street, Van Meter, Iowa 50261	City, Town or P.O.	State	Zip
Address of Property Transferred 2699 - 187th Lane, Winter Number and Street or RR		.0.	State Zip
Legal Description of Property See 1 in Addendum			
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 2. Solid Waste Disposal (check one) ☐ There is no known solid waste disposal site on this property, but is it is deemed to be potentially hazardous. ☐ There is a solid waste disposal site on this property which Resources. The location(s) of the site(s) is stated below 3. Hazardous Wastes (check one) ☐ There is no known hazardous waste on this property. ☐ There is hazardous waste on this property and it is being the state of the site of the site of the site one) ☐ There are no known underground storage tanks on this most heating oil tanks, cisterns and septic tanks, in inst in the same of the sam	erty. no notice has been received the has been deemed to be pay. g managed in accordance to property. (Note exclusions tructions.) The type(s), size(s) and are inion(s) of the site(s) is stated for the state of t	of from the Department of potentially hazardous by the with Department of Natural such as small farm and ruly known substance(s) cold below. The known identification of the company of the control of th	ne Department of Natural al Resources rules. esidential motor fuel tanks, intained are listed below. Effying information of the food feet.
Information, if any, required by statements chec	cked above sha <u>ll be provide</u>	ed on a separate sheet att	ached nereto:
I HEREBY DECLARE TH AND THAT THE IN	IAT I HAVE REVIEWED TH FORMATION STATED AB	IE INSTRUCTIONS FOR OVE IS TRUE AND COR	THIS FORM

542-0960

______ Telephone Number: (515) 547-4700

Signature: Utransferor or Agent) Clubracht

Addendum

The Northwest Quarter (NW1/4) of the Southwest Quarter (SW1/4) of Section Thirteen (13) in Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M.