REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

Please read the filing instructions on the reverse side **BEFORE** completing this form.

PART I - TO BE COMPLETED BY TRANSFEROR

TRANSFEROR Name Estate of Dean N. Crow

Address 5894 S Winwood Dr., Johnston, IA 50131
Number and Street or RR — City, Town or P.O. — State — Zip

TRANSFEREE Name Mark S. Miller

Address 22064 120th Ave., Indianola, IA 50125
Number and Street or RR — City, Town or P.O. — State — Zip

Address of Property Transferred 300 W North, Macksburg, IA 50155
Number and Street or RR — City, Town, or P.O. — State — Zip

Legal Description of Property Lots 1, 2, 7 and 8 and the East Half (½) of the vacated East-West alley, all in Block 5 in Lee's Addition to the City of Macksburg, Madison County, Iowa

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.

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, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.
   - ☐ There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural 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 managed in accordance with Department of Natural Resources rules.

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 described below.

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) is stated below. The known identifying information of the decedent is stated below.

Information, if any, required by statements checked above:
Well location unknown - may have been filled in.

Attachment for Additional Information? Y / N If so, number of pages _____

I HEREBY DECLARE THAT THE INFORMATION CONTAINED IN PART I OF THIS STATEMENT IS TRUE AND CORRECT.

Signature: Ronald J. Crow, Executor (Transferor or Agent) Telephone Number: (515) 462-3120

Date of Instrument _____

Date of Recording _____

Deed ☐ Contract ☐

DNR form (November 02)

Document 2007 GW3452
Book Page Type 43 001 Pages
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Rec Amt $.00

LISA SMITH, COUNTY RECORDER
MADISON IOWA

INDX
ANNO
SCAN
CHEK

I.D. _____

542-0960