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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

Name Federal National Mortgage Association					
Address	14221 Dallas Parkway Ste 11202	Dallas	TX	75244	
	Number and Street or RR	City, Town or P.O.	State	Zip	
TRANSF	EREE				
Name	MARK W SMITH				
Address	2109 N 1st Street	Winterset	IA	50273	
	Number and Street or RR	City, Town or P.O.	State	Zıp	
Address	of Property Transferred:				
	FFERSON ST	WINTERSET, IA 5027	731437		
	imber and Street or RR	City, Town, or P.O.	Stat	e Zıp	
	(check one)				
⊈ T	here are no known wells situated on thi				
	here is a well or wells situated on this parated below or set forth on an attached			gal status are	
	Waste Disposal (check one)				
	here is no known solid waste disposal s				
	here is a solid waste disposal site on th		ition related there	eto is provided in	
	ttachment #1, attached to this docume	nt.			
	dous Wastes (check one)	ula ta anamana anta a			
	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.				
	ground Storage Tanks (check one)	IL.			
	here are no known underground storage	e tanks on this property	/. (Note exclusio	ns such as small	
/ fa	irm and residential motor fuel tanks, mo				
	structions.) here is an underground storage tank or	this property. The typ	ale) eizale) and	any known	
	ubstance(s) contained are listed below				

5. Private Burial Site (check one) There are no known private burial sites on thi	s property.				
an attached separate sheet, as necessary.	The location(s) of the site(s) is stated below or on				
6. Private Sewage Disposal System (check one)					
☐ There are no known private sewage disposal					
☐ There is a private sewage disposal system on	this property. A certified inspector's report is				
attached which documents the condition of the	e private sewage disposal system and whether				
any modifications are required to confirm to st	andards adopted by the Department of Natural				
	be accompanied by this form when recording.				
☐ There is a private sewage disposal system on	this property. Weather or other temporary				
	ction of the private sewage disposal system from				
	pinding acknowledgement with the county board of				
health to conduct a certified inspection of the					
practicable time and to be responsible for any					
disposal system as identified by the certified in					
acknowledgement is attached to the form. Wi	ded with the certified inspection and shall include				
	transfer document and the original Groundwater				
Hazard Statement.	transfer document and the original Oroandwater				
	this property. The building to which the sewage				
disposal system is connected will be demolish					
executed a binding acknowledgment with the	county board of health to demolish the building				
·	he binding acknowledgement is provided with this				
form.					
	ge disposal inspection requirements pursuant to				
the following exemption: Foreclosed prop					
☐ The private sewage disposal system has been installed within the past two years pursuant to					
permit number	·				
Information required by statements checked abov	e should be provided here or on separate				
sheets attached hereto:	s chould be previous here of on copulate				
Seller has no direct knowledge of physical property condition. Foreclosed Property.					
	REVIEWED THE INSTRUCTIONS FOR THIS FORM				
AND THAT THE INFORMATION	STATED ABOVE IS TRUE AND CORRECT.				
()					
Signature: Lecher	Tolombono Number (SIG OS CIA)				
(Transferor or Agent)	Telephone Number: (<u>515)</u> <u>266 - 5</u> 100				