

Book 2012 Page 1887 Type 43 001 Pages 2 Date 6/27/2012 Time 3:51 PM Rec Amt \$ 00

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LISA SMITH, COUNTY RECORDER MADISON COUNTY TOWA

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

Name	FEROR. Federal National Mortgage Associa	ation		
- Address	14221 Dallas Parkway Ste 11202	Dallas	TX	75244
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSI	EREE			
Name	Clifford E Reiff Jr. and Anne M R	eiff		
Address	16352 Hawkstone Pl	Parker	СО	80134
	Number and Street or RR	City, Town or P.O.	State	Zip
Address	of Property Transferred:			
	VASHINGTON ST	WINTERSET, IA 5027	731840	
	umber and Street or RR	City, Town, or P.O.	Stat	e Zip
	Addition to the Town of Winterset, Ma (check one)			
	r (cneck one) There are no known wells situated on th	is property.		
	There is a well or wells situated on this parted below or set forth on an attached			gal status are
	Waste Disposal (check one)	separate street, as the	cosary.	
	There is no known solid waste disposal	site on this property		
	There is a solid waste disposal site on the		ition related there	eto is provided in
	Attachment #1, attached to this docume			
	rdous Wastes (check one)			
	There is no known hazardous waste on	this property.		
	There is hazardous waste on this proper		ed thereto is pro	vided in
	Attachment #1, attached to this docume	nt.		
	rground Storage Tanks (check one)		/N1.1	1 11
/ fa	There are no known underground storage arm and residential motor fuel tanks, monstructions.)			
	There is an underground storage tank or substance(s) contained are listed below			

5.	Pri	yate Burial Site (check one)
	Z	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.	P	rivate Sewage Disposal System (check one)
		All buildings on this property are served by a public or semi-public sewage disposal system.
		This transaction does not involve the transfer of any building.
		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 confirm 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 acknowledgement
		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 acknowledgement is attached to the 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 acknowledgement is provided
		with this form. [Exemption #9]
		This property is exempt from the private sewage disposal inspection requirements pursuant to
1	_	the following exemption [Note: for exemption #9 use prior check box]: Foreclosed Property.
		The private sewage disposal system has been installed within the past two years pursuant to
		permit number
nf	form	nation required by statements checked above should be provided here or on separate
		s attached hereto:
_		
_	Sel	er has no direct knowledge of physical property condition. Foreclosed property.
_		
_		
		LUCTOR DE OLARIE TUAT LUAVE DEVICINED TUE INCTRUCTORIO COR TURO
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS
		FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
		AND THAT THE INFURMATION STATED ABOVE IS TRUE AND CORRECT.
21/	gnat	ure:
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