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LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

| Name | Mary Ann Green | | | | |
|---|--|---|---------------------------------------|---------------------------------------|--|
| Address | 821 - 17th Street, West Des Moines, IA 50265 | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | |
| TRANSF | | | | | |
| Name | Kent Kiburz | | | · · · · · · · · · · · · · · · · · · · | |
| Address | 2303 West Summit, Winter | rset, IA 50273 | · · · · · · · · · · · · · · · · · · · | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | |
| A | of Property Transferred: | | | | |
| | mber and Street or RR | City, Town or P.O. | State | Zip | |
| X T St 2. Solid X T I I I I I I I I I I I I I I I I I I I | tated below or set forth on ar Waste Disposal (check on there is no known solid waste here is a solid waste disposal Attachment #1, attached to rdous Wastes (check one) | ed on this property. The type(s), lon attached separate sheet, as necesse) e disposal site on this property. al site on this property and informathis document. | essary. | | |
| T A | ttachment #1, attached to thi | this property and information relate is document. | ed thereto is provided | in | |
| <u>X</u> T sr in | | neck one) ound storage tanks on this property tor fuel tanks, most heating oil tanl | | | |

| 5. | Private 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 |
| | necessary. |
| 6. | Private Sewage Disposal System (check one) |
| | All buildings on this property are served by a public or semi-public sewage disposal system. |
| | X This transaction does not involve the transfer of any building which has or is required by law to |
| | have a sewage disposal system. |
| | 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. |
| | 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 pursuant to |
| | 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 |
| | permit number |
| In | formation required by statements checked above should be provided here or on separate |
| | neets attached hereto: |
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| | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM |
| | AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| ٥. | gnature: Www.W.M.M.M.M. Telephone No.: 515-979-435 h |
| Si | gnature: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
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THE NORTHEAST QUARTER (1/4) OF SAID SECTION THIRTY-FIVE (35) AND THE NORTH HALF (1/2) OF THE NORTH HALF (1/2) OF THE SOUTHEAST QUARTER (1/4) OF SECTION THIRTY-FIVE (35), ALL IN TOWNSHIP SEVENTY-SIX (76) NORTH, RANGE TWENTY-EIGHT (28) WEST OF THE 5TH P.M., MADISON COUNTY, IOWA EXCEPT THE LAND TAKEN IN FEE SIMPLE FOR U.S.HIGHWAY 169 AND STATE HIGHWAY 92 RIGHT OF WAY CONDEMNED BY THE IOWA STATE HIGHWAY COMMISSION IN THOSE CONDEMNATION PROCEEDINGS FILED FOR RECORD IN THE OFFICE OF THE RECORDER OF MADISON COUNTY, IOWA ON OCTOBER 14, 1974 IN BOOK 111 AT PAGE 89, AND EXCEPT A TRACT OF LAND LOCATED IN THE NORTH HALF (1/2) OF THE NORTHEAST QUARTER (1/4) OF SAID SECTION THIRTY-FIVE (35), CONTAINING 3.6298 ACRES, AS SHOWN IN PLAT OF SURVEY FILED IN FARM PLAT BOOK 2, PAGE 27 ON MARCH 13, 1986, IN THE OFFICE OF THE RECORDER OF MADISON COUNTY, IOWA AND EXCEPT PARCEL B AS SHOWN IN THE PLAT OF SURVEY IN THE EAST HALF OF THE NORTHEAST QUARTER (E1/2 NE1/4) IN SECTION THIRTY-FIVE (35), TOWNSHIP SEVENTY-SIX (76) NORTH, RANGE TWENTY-EIGHT (28) WEST OF THE 5TH P.M., MADISON COUNTY, IOWA AS RECORDED ON DECEMBER 20, 2013 IN BOOK 2013, PAGE 3727 IN THE OFFICE OF THE RECORDER OF MADISON COUNTY, IOWA