

Document 2015 GW273

Book 2015 Page 273 Type 43 001 Pages 3 Date 2/03/2015 Time 8:19 AM Rec Amt \$.00

INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRANSF				
Name		e Newton, Marvin Keith Newton and		
Address	c/o Robert D. Newton, 23	310 Kippy Lane, Winterset, IA 5027.	3	
	Number and Street or RR	City, Town or P:O.	State	Zip
TRANSF	EREE:			
Name	Hollen Family Properties	, LLC		
Address	c/o Eric Hollen, 105 S. 16	oth Avenue, Winterset, IA 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
Address of bareland	of Property Transferred:			
Nun	nber and Street or RR	City, Town or P.O.	State	Zip
X Tr st 2. Solid X Tr in 3. Hazar X Tr	ated below or set forth on Waste Disposal (check of here is no known solid wastere is a solid waste disposate Attachment #1, attached the dous Wastes (check one here is no known hazardous)	ated on this property. The type(s), locan attached separate sheet, as nece one) ste disposal site on this property. sal site on this property and informat to this document. b) us waste on this property.	ssary. ´	provided
At 4. Under	tachment #1, attached to t ground Storage Tanks (·	
in: Th	structions.) nere is an underground sto	otor fuel tanks, most heating oil tank orage tank on this property. The type listed below or on an attached separa	e(s), size(s) and any k	nown

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)
٥.	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
15	amortian required by statements absolved above about the provided bear or an apparet.
	ormation required by statements checked above should be provided here or on separate sets attached hereto:
Sne	ets attached hereto:
	I HERERY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	

Exhibit "A"

Parcel "K" a part of the Northwest Quarter of the Northeast Quarter of Section 2, Township 75 North, Range 28 West of the 5th P.M., Madison County, Iowa more particularily described as follows:

Commencing at the North Quarter Corner of Section 2, Township 75 North, Range 28 West of the 5th P.M., Madison County, Iowa thence North 89°53'50" East 880.04 feet along the North line of the Northeast Quarter of said Section 2; thence South 02°44'57" East 116.35 feet to the Point of Beginning on the South line of County Road right-of-way; thence South 02°44'57" East 173.74 feet; thence South 88°49'37" West 73.17 feet to a point on the East line of existing Madison County Veterinary Clinic property; thence North 00°01'52" East 181.02 feet along said existing property line to a point on the South line of Madison County road right-of-way; thence South 76°09'23" West 66.55 feet to the Point of Beginning containing 0.29 acres.