

Document 2016 GW2462

Book 2016 Page 2462 Type 43 001 Pages 2 Date 8/26/2016 Time 8:14:26AM

Rec Amt \$ 00

I NDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

| TRANSF | | | | | |
|--|--|--|---------------------------|-------------|--|
| Name | | erly Berdofe Revocable Trust | | | |
| Address | Address 4413 - 95th Street, Urbandale, IA 50323 | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | |
| TRANSF | EREE: | | | | |
| Name | John Keller and Karen Ke | eller | | | |
| Address 1675 Ironwood Trail, Earlham, IA 50072 | | | | | |
| | Number and Street or RR | City, Town or P.O. | State | Zip | |
| Address (| of Property Transferred: | • | | | |
| Addiess | or roperty transferred. | | | | |
| Nur | mber and Street or RR | City, Town or P.O. | State | Zip | |
| Land Da | and the state of December 1844 as | The Northeast Quarter (NI | E 1/A) of the Southeast (| Juantan (SF | |
| Legal Des | scription of Property: (Attaction Four (4) Township Seventy- | ch if necessary) The Northeast Quarter (NI -six (76) North, Range Twenty-eight (28) West | of the 5th P.M., Madiso | n County. | |
| | | containing 10.00 acres, more or less, as shown | | | |
| | | fice of the Recorder, Madison County, Iowa. | | | |
| | | | | | |
| | (check one) | | | • | |
| | here are no known wells si | • | -4:/-\ -4 | -4 | |
| | | ated on this property. The type(s), loca | | atus are | |
| | Waste Disposal (check o | an attached separate sheet, as neces: | saly. | | |
| | • | ste disposal site on this property. | | | |
| | | sal site on this property and information | on related thereto is | provided | |
| | Attachment #1, attached t | | | p | |
| | dous Wastes (check one | | | | |
| <u>X</u> TI | here is no known hazardou | us waste on this property. | | | |
| | | n this property and information related | thereto is provided | in | |
| At | ttachment #1, attached to t | his document. | | | |

X 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

There is an underground storage tank on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.

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

4. Underground Storage Tanks (check one)

instructions.)

| 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]: |
| | <u> </u> |
| | The private sewage disposal system has been installed within the past two years pursuant to |
| | permit number |
| احدا | formation required by statements absolved above about the provided have as an experte |
| | formation required by statements checked above should be provided here or on separate eets attached hereto: |
| 511 | eets attached hereto. |
| | |
| | |
| | |
| | |
| | |
| | |
| | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM |
| | AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. |
| | A THE THE STATE OF THE PARTY OF |
| | $m \mid 1 \mid h \mid W$ |
| Siz | gnature: Telephone No.: (515) 720-6621 |
| Οıί | (Transferor of Agent) |
| | a a constant of the constant o |