BK: 2019 PG: 1107

Recorded: 4/17/2019 at 12:40:49.0 PM

Pages 2

County Recording Fee: \$0.00 lowa E-Filing Fee: \$0.00 Combined Fee: \$0.00

Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

IKANSE	:KOK;	•		
Name	L&L Ochiltree Partnership			
Address	1422 Taylor Avenue	Wilton	lowa	52778
	Number and Street or RR	City, Town or PO	State	Zip
TRANSFE	REE:	•		
Name	Parrish Funeral Services, Inc.			
Address	8201 Hickman Road	Urbandale	lowa	50322
	Number and Street or RR	City, Town or PO	State	Zip
Address	of Property Transferred:			
1823 N. J	ohn Wayne Drive	Winterset	lowa	50273
Number an	nd Street or RR	City, Town or PO	State	Zip
Legal De	scription of Property: (Attach if necessary)			
Lot Five (!	5) of C&C Allen's Addition to the Town of W	Inteset, Madison County, Iowa.		•
	and the state of t			
2. Solid	There are no known wells situated on this profere is a well or wells situated on this proferth on an attached separate sheet, as necessary waste Disposal (check one) There is no known solid waste disposal site There is a solid waste disposal site on this pattached to this document.	perty. The type(s), location(s) and legal essary. on this property.		
	dous Wastes (check one) There is no known hazardous waste on this There is hazardous waste on this property this document.		ided in Attachment #1	., attached to
	ground Storage Tanks (check one) There are no known underground storage to motor fuel tanks, most heating oil tanks, cit There is an underground storage tank on the are listed below or on an attached separate	sterns and septic tanks, in instructions. nis property. The type(s), size(s) and an	•	

5. Private Burial Site (check one)					
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.					
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. 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 as identified by the certified 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 th					
Information required by statements checked above should be provided here or on separate sheets attached hereto:					
anioi mation required by statements checked above should be provided incided in superior and as anionios resident.					
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED					
ABOVE IS TRUE AND CORRECT.					
Signature: Jois a Ochiltree Telephone No.: [-563.732.32]2					