

Recorded: 5/11/2022 at 1:11:05.0 PM  
County Recording Fee: \$0.00  
Iowa E-Filing Fee: \$0.00  
Combined Fee: \$0.00  
Revenue Tax:  
Delaware County, Iowa  
Daneen Schindler RECORDER  
BK: 2022 PG: 1509

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

**TRANSFEROR:**

Name: Edgewood Covalescent Home, Inc.  
Address: 513 Bell Street, P.O. Box 39, Edgewood, IA 52042

**TRANSFeree:**

Name: D. Hamilton Family Trust  
Address: 2136 S 93rd Street, West Allis, WI 53227

Address of Property Transferred:  
304 South Chestnut Street, Edgewood, Iowa 52042

Legal Description of Property: (Attach if necessary)

A Life Estate in the Grantees in Unit One (1) in Condominium One (1) in Chestnut Village Condominiums, a Unit of the Condominium, Delaware County, Iowa, together with an undivided one-fifth (1/5) interest in and to the Common Area and facilities appurtenant thereto, all as appears of record in the Declaration of Submission of Property to Horizontal Property Regime as recorded in the office of the Delaware County Recorder, Delaware County, Iowa, on the 22nd day of April, 2020, in Book 2020, beginning at Page 1139, or as Instrument No. 2020 1139, as may be amended, with the remainder interest reserved to Edgewood Convalescent Home, Inc., an Iowa For-Profit Domestic Corporation, following the expiration of the Life Estate or other termination of the interest of the Grantees in the herein-described property.

The Grantees shall have the use of the property for the life of the Grantees, subject to the covenants, conditions, restrictions and easements of record, the rights and obligations set forth in the Declaration described above, the terms and provisions of any Independent Living Agreement as may exist from time to time by and between the Grantor and Grantees.

The Grantees' Life Estate cannot be conveyed without the expressed written permission of the Edgewood Convalescent Home, Inc. In the event of the termination of the Life Estate before the death of the Grantees, Edgewood Convalescent Home, Inc. reserves the right, as the remainder interest holder, to compensate the Grantees for their discontinuance of use in the amount shown in this Deed as delivered. The Grantees may not convey, sublet, lease, or otherwise transfer their interest in their Life Estate without the expressed written permission of Edgewood Convalescent Home, Inc.

If the Life Estate is terminated at any time, the Grantees, the Grantees' Estate, or their heirs, after the termination of the Life Estate shall receive 85% of the purchase price of \$219,000.00.

The Grantees hereby consent to the restrictions and covenants set forth in this Warranty Deed by the process of recording same with the Delaware County Recorder.

**1. Wells (check one)**

- ☒ There are no known wells situated on this property.
- ☐ There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary.

**2. Solid Waste Disposal (check one)**

- ☒ There is no known solid waste disposal site on this property.
- ☐ There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.

**3. Hazardous Wastes (check one)**

- ☒ There is no known hazardous waste on this property.
- ☐ There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.

**4. Underground Storage Tanks (check one)**

- ☒ 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 instructions.)
- ☐ 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.

**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.

**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 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

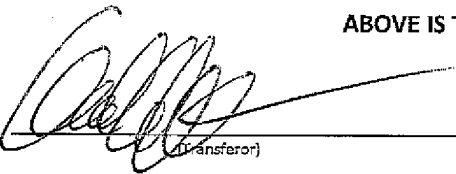
with this form.

- ☐ 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 \_\_\_\_\_.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS  
FOR THIS FORM AND THAT THE INFORMATION STATED  
ABOVE IS TRUE AND CORRECT.

Signature: \_\_\_\_\_



(Transferor)

Telephone No.: (563) 608-5546