

COUNTY USE ONLY

MDH USE ONLY

MINNESOTA DEPARTMENT OF HEALTH
 Well Management Section, P.O. Box 64975, St. Paul, Minnesota 55164-0975
 651/201-4587 or 800/383-9808
WELL DISCLOSURE CERTIFICATE
 PLEASE TYPE OR PRINT ALL INFORMATION
 Person filing deed must attach a \$40 fee payable to the county recorder.

424698

A. PROPERTY DESCRIPTION

Attach a legal description of the property.

COUNTY	LOT NUMBER	BLOCK NUMBER	ADDITION NAME
Aitkin			
STREET NUMBER			
12876 100th Street			
CITY	STATE	ZIP CODE	P.I.N. (OPTIONAL)
Sandstone	MN	55072	

B. PROPERTY BUYER MAILING ADDRESS AFTER CLOSING

FIRST NAME	MIDDLE INITIAL	LAST NAME	
COMPANY NAME (IF APPLICABLE)			
Land & Cabins, LLC			
ADDRESS			
24226 Lone Pine Road			
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
Hinckley	MN	55037	()

C. CERTIFICATION BY SELLER

I certify that the information provided on this certificate is accurate and complete to the best of my knowledge.

Patricia Jo Mullaney  8/1/2006
 Name of Seller (Please Print) Signature of Seller or Designated Representative of Seller Date

D. CERTIFICATION BY BUYER

The buyer or person authorized to act on behalf of the buyer, must sign a Well Disclosure Certificate for all deeds given in fulfillment of a contract for deed if there is a well on the property.

In the absence of a seller's signature, the buyer, or person authorized to act on behalf of the buyer may sign this Well Disclosure Certificate. No signature is required by the buyer if the seller has signed above.

Based on disclosure information provided to me by the seller or other available information, I certify that the information on this certificate is accurate and complete to the best of my knowledge.

 Signature of Buyer or Designated Representative of Buyer Date

IMPORTANT NOTE: The Minnesota Department of Health (MDH) will follow-up with the property buyer regarding any wells disclosed as not in use. If a well is not in use, the property owner must either return the well to use, have the well sealed by a licensed well contractor, or obtain an annual maintenance permit from the MDH for \$150. A copy of this Well Disclosure Certificate should be provided to the property buyer at the time of closing.



**MINNESOTA DEPARTMENT OF HEALTH
WELL DISCLOSURE CERTIFICATE
PLEASE TYPE OR PRINT ALL INFORMATION**

Fill out a separate well information page if more than three wells are located on the property.

WELL #1				
COUNTY	QUARTER (OR GOVERNMENT LOT)	SECTION NUMBER	TOWNSHIP NUMBER	RANGE NUMBER
Aitkin	Se- NW	X33 & 34	43	22
WELL STATUS (Check only one box) WELL IS: <input checked="" type="checkbox"/> IN USE (1) <input type="checkbox"/> NOT IN USE (2) <input type="checkbox"/> SEALED BY LICENSED WELL CONTRACTOR (3) <small>(Call MDH to verify sealing record is on file.)</small>			YEAR WELL WAS SEALED OR SEALING RECORD NUMBER (IF KNOWN)	
If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing contractor, check the well status as not in use.			NAME OF LICENSED WELL CONTRACTOR	

WELL #2 <i>Total of 5 wells entered per sketchmap. AB 10/2/06</i>				
COUNTY	QUARTER (OR GOVERNMENT LOT)	SECTION NUMBER	TOWNSHIP NUMBER	RANGE NUMBER
WELL STATUS (Check only one box) WELL IS: <input type="checkbox"/> IN USE (1) <input type="checkbox"/> NOT IN USE (2) <input type="checkbox"/> SEALED BY LICENSED WELL CONTRACTOR (3) <small>(Call MDH to verify sealing record is on file.)</small>			YEAR WELL WAS SEALED OR SEALING RECORD NUMBER (IF KNOWN)	
If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing contractor, check the well status as not in use.			NAME OF LICENSED WELL CONTRACTOR	

WELL #3				
COUNTY	QUARTER (OR GOVERNMENT LOT)	SECTION NUMBER	TOWNSHIP NUMBER	RANGE NUMBER
WELL STATUS (Check only one box) WELL IS: <input type="checkbox"/> IN USE (1) <input type="checkbox"/> NOT IN USE (2) <input type="checkbox"/> SEALED BY LICENSED WELL CONTRACTOR (3) <small>(Call MDH to verify sealing record is on file.)</small>			YEAR WELL WAS SEALED OR SEALING RECORD NUMBER (IF KNOWN)	
If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing contractor, check the well status as not in use.			NAME OF LICENSED WELL CONTRACTOR	

SKETCH MAP – Sketch the location of the well(s) and include estimated distances from roads, streets, and buildings. IF MORE THAN ONE WELL ON PROPERTY, USE THE WELL LOCATION NUMBER ABOVE TO IDENTIFY EACH WELL. The location of the well(s) must be provided. If the location of a well is not known, have the well located by a person qualified to locate wells, such as a licensed well contractor.

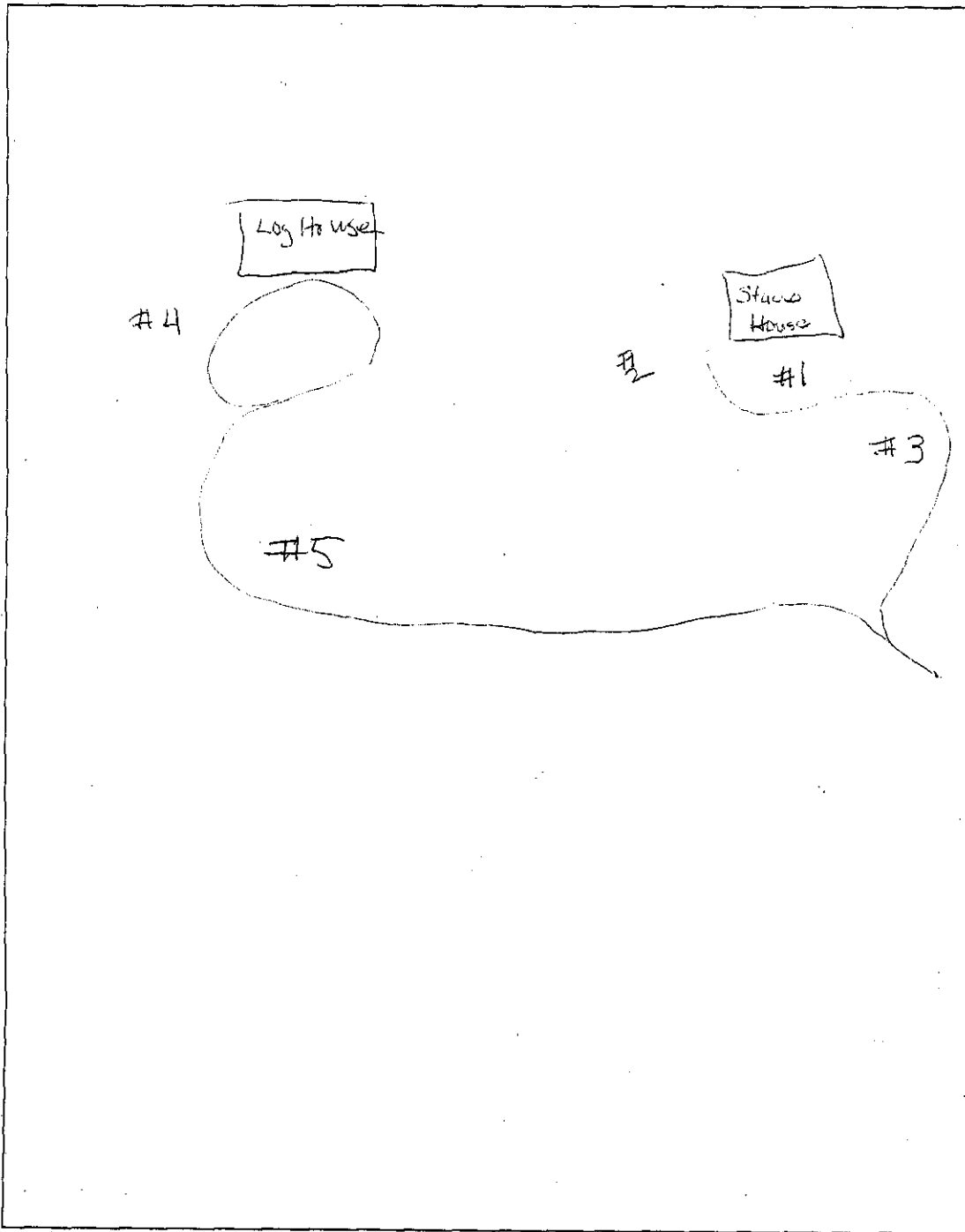
Information provided on this form is classified as public information under Minnesota Statutes, Chapter 13. To request this document in another format call 651/201-4600 or TDD through the Minnesota Relay Service at 800/627-3529 and ask for 651/201-4600. Visit the MDH Well Management Section, Well Disclosure Program web site at: www.health.state.mn.us/divs/eh/wells/disclosures/

LOCATION MAP

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1. Page _____ of _____ pages

2. Please use the space below to sketch the real property being sold and, to Seller's knowledge; the approximate location of any of the following on the Property. PRIVATE SEWER SYSTEM WELL METHAMPHETAMINE PRODUCTION AREA
3. (Check all that apply.)
4. Include approximate distances from fixed reference points such as streets, buildings and landmarks.
5. Property located at SE 1/4 of R 22 N 1/4 S 34-43-22 424698
- 6.



7. ATTACH ADDITIONAL SHEETS AS NEEDED.
8. Seller and Buyer Initial: DMO 5/26/10
(Seller) (Date) (Buyer) (Date)
9. _____
(Seller) (Date) (Buyer) (Date)

10. ORIGINAL COPY TO LISTING BROKER; COPIES TO SELLER, BUYER, SELLING BROKER