State Bar of Wisconsin Form 2 - 2003

Document Number

WARRANTY DEED

Document Name

THIS DEED, made between VILLAGE OF BLANCHARDVILLE, A MUNICIPAL CORPORATION OF LAFAYETTE AND IOWA COUNTIES, WISCONSIN ("Grantor," whether one or more), and PECATONICA PACKAGING & STORAGE LLC AND BLANCHARDVILLE COOPERATIVE OIL ASSOCIATION, AS TENANTS IN COMMON ("Grantee," whether one or more).

Grantor, for a valuable consideration, conveys and warrants to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in LAFAYETTE County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):
LOTS THREE (3), FOUR (4), NINE (9), AND TEN (10) OF BLOCK ONE (1) OF THE ORIGINAL PLAT TO THE VILLAGE OF BLANCHARDVILLE, LAFAYETTE COUNTY, WISCONSIN, ACCORDING TO THE RECORDED PLAT THEREOF.

Document Number: 362660
LAFAYETTE COUNTY, WI
JOSEPH G. BOLL
REGISTER OF DEEDS

08/27/2020 10:24 AM
TRANSFER FEE:
EXEMPTION #: 77.25 (2)
PAGES: 1

Recording Area **ELECTRONICALLY RECORDED**

Name and Return Address
RALPH E. FARRELL
P.O. BOX 94
BLANCHARDVILLE, WI. 53516

108.0005.0000

Parcel Identification Number (PIN)

This IS NOT homestead property.
(is) (is not)

Exceptions to warranties:
EASEMENTS AND RESTRICTIONS OF RECORD; MUNICIPAL AND COUNTY ORDINANCES; REAL ESTATE TAXES LEVIED IN 2020 AND THEREAFTER.

Dated August 27, 2020

VILLAGE OF BLANCHARDVILLE

(SEAL) (SEAL)
* *MARK EMBERSON, PRESIDENT

(SEAL) Amy Barnes (SEAL)
* *AMY BARNES, CLERK-TREASURER

AUTHENTICATION

Signature(s) OF MARK EMBERSON AND AMY BARNES, AS PRESIDENT AND CLERK-TREASURER
authenticated on August 27, 2020

*RALPH E. FARRELL, ATTORNEY
TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, _____
authorized by Wis. Stat. § 706.06)

THIS INSTRUMENT DRAFTED BY:
RALPH E. FARRELL, ATTORNEY AT LAW
BLANCHARDVILLE, WI. 53516

ACKNOWLEDGMENT

STATE OF WISCONSIN)
) ss.
_____ COUNTY)

Personally came before me on _____,
the above-named _____
_____
to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

* _____
Notary Public, State of Wisconsin
My Commission (is permanent) (expires: _____)

(Signatures may be authenticated or acknowledged. Both are not necessary.)
NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

*Type name below signatures.

Farrell Law Office, P.O. Box 94 Blanchardville, WI 53516 Phone: (608)523-4244 Fax:
ralph farrell

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VILLAGE.COOP