

Lot 2 CSM 1440 being Pt. NE NW & Pt. NW NE 36-28-13 City

DOCUMENT NO. 416920	STATE BAR OF WISCONSIN FORM 1 WARRANTY DEED	THIS SPACE RESERVED FOR RECORDING DATA VOL. <u>586</u> , records page <u>104</u>
This Deed made between <u>Tony Govin, a single person</u> _____ Grantor, and <u>N. Philip Hammond, a single person</u> _____ Grantee,		REC'D May 18, 1995 at 3:00 P.M. RECORDED: VOL. 586 RECORDS PAGE(S) 104 <u>James M. Madutt</u> JAMES M. MADUTT REG. OF DEEDS, DUNN CO. WI. pd = rd 75.00 TF RETURN TO <u>Northwestern Bank Box 49</u> <u>Chippewa</u>

Lot Two (2), Certified Survey Map No. 1440, as recorded in Volume 5 of Survey Maps, Page 240;

LOCATED IN the Northeast Quarter (NE¼) of the Northwest Quarter (NW¼) and in the Northwest Quarter (NW¼) of the Northeast Quarter (NE¼), all in Section Thirty-six (36), Township Twenty-eight (28) North, Range Thirteen (13) West, CITY OF MENOMONIE, Dunn County, Wisconsin.

Seller reserves an easement for access to and the right to use the second well located on the North side of the above described property at no cost to the Grantee.

This is not homestead property.

TRANSFER
\$75.00
FEE

Together with all and singular the hereditaments and appurtenances thereunto belonging; And Grantor warrants that the title is good, indefeasible in fee simple and free and clear of encumbrances except easements, restrictions and roadways of record, and will warrant and defend the same.

Dated this 18 day of May, 1995.

_____(SEAL) Tony Govin _____(SEAL)
* _____(SEAL) * _____(SEAL)

AUTHENTICATION

Signature(s) of Tony Govin, a single person
authenticated this _____ day of _____,
1995.

TITLE: MEMBER OF STATE BAR OF WISCONSIN
(If not, _____ authorized by
\$706.06, Wis. Stats.)

THIS INSTRUMENT DRAFTED BY

THEDINGA LAW FIRM (WHT)

ACKNOWLEDGMENT

STATE OF WISCONSIN) ss.
Dunn County)

Personally came before me this 18 day of
May, 1995, the above named Tony
Govin, a single person to me known to be the
person(s) who executed the foregoing instrument
and acknowledge the same.

Notary Public, Dunn County, Wisconsin
My commission is permanent. (If not, state
expiration date: _____)

(Signatures may be authenticated or acknowledged, both are not necessary.)
*Names of persons signing in any capacity should be typed or printed below their signatures.

STATE BAR OF WISCONSIN
FORM NO. 1