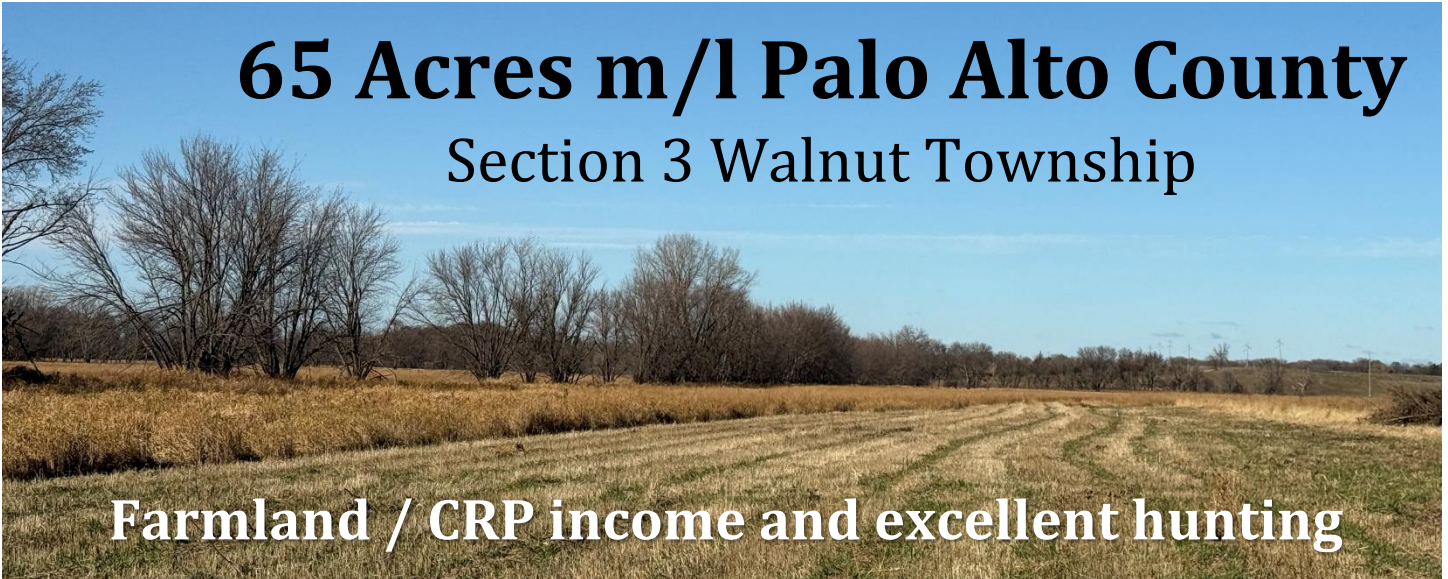


LAND FOR SALE

65 Acres m/l Palo Alto County Section 3 Walnut Township



Farmland / CRP income and excellent hunting

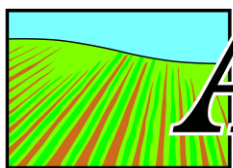
- Attractive nearly level farm
- 64.37 FSA crop acres – Soil rating 58 CSR2
- NETAFIM underground irrigation system and well
- CRP: 51.16 ac @ \$194.42/acre 2022-2032
13.21 ac @ \$204/acre 2019-2029
- RE Taxes: \$1386

Price: \$390,000.00 \$6000/acre

***Great opportunity to purchase tillable cropland with
big depreciation, top hunting, and CRP income***



Take a drive, give us a call !



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Farm Real Estate

Spencer, IA 712-262-3529

Selling Iowa's Best

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Information contained herein is gathered from sources deemed reliable but cannot be guaranteed by The ACRE Co.





United States
Department of
Agriculture

Palo Alto County, Iowa



Legend

Non-Cropland CRP Iowa PLSS Iowa Roads

Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions

Tract Cropland Total: 64.37 acres

2024 Program Year

Map Created April 10, 2024

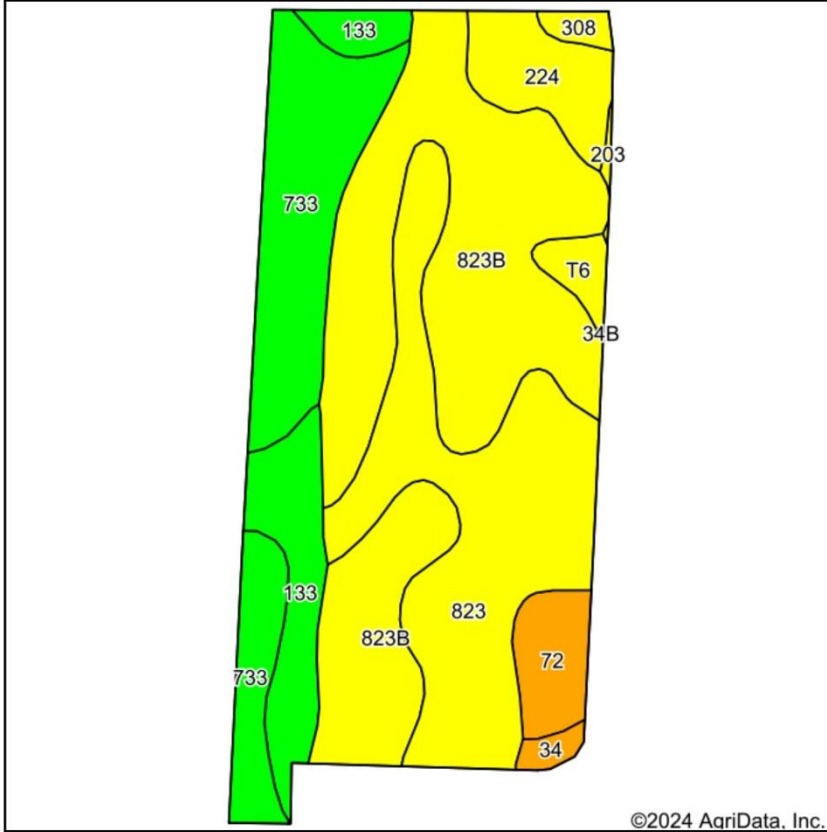
Farm 7156

Tract 4286

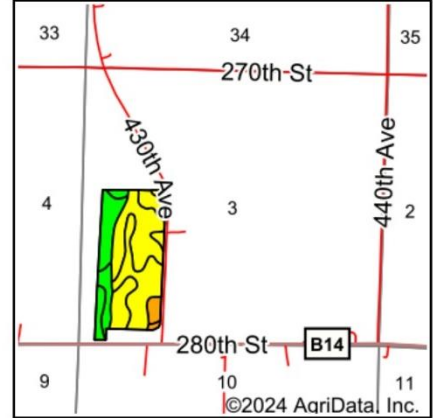
United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).

USDA is an equal opportunity provider, employer, and lender.

Soils Map



Soils data provided by USDA and NRCS.



State: **Iowa**
 County: **Palo Alto**
 Location: **3-97N-33W**
 Township: **Walnut**
 Acres: **64.37**
 Date: **11/13/2024**



Maps Provided By:

 CUSTOMIZED ONLINE MAPPING
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Area Symbol: IA147, Soil Area Version: 31

Code	Soil Description	Acres	Percent of field	CSR2 Legend	Non-Irr Class *c	CSR2**	CSR
823B	Flagler sandy loam, calcareous subsoil variant, 2 to 5 percent slopes	24.08	37.5%		IIIe	51	35
823	Flagler sandy loam, calcareous subsoil variant, 0 to 2 percent slopes	15.76	24.5%		IIIs	56	38
733	Calco silty clay loam, 0 to 2 percent slopes, occasionally flooded	11.21	17.4%		IIw	78	70
133	Colo silty clay loam, 0 to 2 percent slopes	5.43	8.4%		IIw	74	75
224	Linder loam, 0 to 2 percent slopes	3.36	5.2%		IIIs	56	45
72	Estherville loam, 0 to 2 percent slopes	2.39	3.7%		IIIIs	23	53
T6	Okoboji silty clay loam, benches, 0 to 1 percent slopes	0.98	1.5%		IIIw	55	54
308	Wadena loam, 0 to 2 percent slopes	0.53	0.8%		IIIs	56	61
34	Estherville sandy loam, 0 to 2 percent slopes	0.49	0.8%		IIIIs	24	28
203	Cylinder loam, 0 to 2 percent slopes	0.14	0.2%		IIIs	58	76
Weighted Average					2.68	58	46.9

**IA has updated the CSR values for each county to CSR2.

*c: Using Capabilities Class Dominant Condition Aggregation Method

Soils data provided by USDA and NRCS.

CRP-1 (01-08-24)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & ADMIN. LOCATION 19 147	2. SIGN-UP NUMBER 57
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER 12324A	4. ACRES FOR ENROLLMENT 51.16
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) PALO ALTO COUNTY FARM SERVICE AGENCY 3302 MAIN STREET EMMETSBURG, IA50536-1514		6. TRACT NUMBER 4286	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 01-01-2022 TO: (MM-DD-YYYY) 09-30-2032
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (712) 852-3386		8. SIGNUP TYPE: SAFE - Iowa Gaining Ground	

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

9A. Rental Rate Per Acre \$ 194.42	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment \$ 9,947.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$	4286	0001	CP38E-2	51.16	\$ 9,362.00
(Item 9C is applicable only when the first year payment is prorated.)					

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LUANN J OPHEIM 84 LAKE SHORE DR EMMETSBURG, IA50536-1424	(2) SHARE 100.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DALE C AND LUANN J OPHEIM TRUST 84 LAKE SHORE DR EMMETSBURG, IA50536-1424	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE		B. DATE (MM-DD-YYYY)		

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

CRP-1 (01-08-24)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 19 147		2. SIGN-UP NUMBER 52	
CONSERVATION RESERVE PROGRAM CONTRACT				3. CONTRACT NUMBER 11898A		4. ACRES FOR ENROLLMENT 13.21	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) PALO ALTO COUNTY FARM SERVICE AGENCY 3302 MAIN STREET EMMETSBURG, IA50536-1514				6. TRACT NUMBER 4286		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2019 TO: (MM-DD-YYYY) 09-30-2029	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (712) 852-3386				8. SIGNUP TYPE: Continuous			
THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.							
9A. Rental Rate Per Acre		\$ 204.00		10. Identification of CRP Land (See Page 2 for additional space)			
9B. Annual Contract Payment		\$ 2,695.00		A. Tract No.	B. Field No.	C. Practice No.	D. Acres
9C. First Year Payment		\$		4286	0002	CP23	13.21
(Item 9C is applicable only when the first year payment is prorated.)							
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)							
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
LUANN J OPHEIM 84 LAKE SHORE DR EMMETSBURG, IA50536-1424		100.00 %					
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
DALE C AND LUANN J OPHEIM TRUST 84 LAKE SHORE DR EMMETSBURG, IA50536-1424		0.00 %					
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
		%					
12. CCC USE ONLY		A. SIGNATURE OF CCC REPRESENTATIVE					B. DATE (MM-DD-YYYY)
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program. Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.							

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