

WHEN RECORDED RETURN TO:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

DOCUMENT TITLE(s)

- 1.
- 2.
- 3.
- 4.

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

Additional numbers on page _____ of document

GRANTOR(s):

- 1.
- 2.
- 3.

Additional names on page _____ of document

GRANTEE(s):

- 1.
- 2.
- 3.

Additional names on page _____ of document

LEGAL DESCRIPTION

Lot-Unit: Block: Volume: Page:
Section: Township: Range:
Plat Name:

Additional legal description on page _____ of document

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(s):

Additional legal description on page _____ of document

The Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.