RETURN NAME and ADDRESS

_____

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_____

Please Type or Print Neatly and Clearly All Information

Document Title(s)

_____

Reference Number(s) of Related Documents

_____

Grantor(s) (Last Name, First Name, Middle Initial)

_____

_____

Grantee(s) (Last Name, First Name, Middle Initial)

_____

_____

Legal Description (Abbreviated form is acceptable, i.e. Section/Township/Range/Qtr Section or Lot/Block/Subdivision)

_____

_____

Assessor's Tax Parcel ID Number _____

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

Sign below only if your document is Non-Standard.

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some parts of the text of the original document. Fee for non-standard processing is $50.

_____

Signature of Requesting Party