

RETURN ADDRESS

Please print or type information

DOCUMENT TITLE(S) (or transactions contained therein):

- 1.
- 2.
- 3.

REFERENCE NUMBER(S) of Documents assigned or released:

Additional reference #s on page ____ of document

GRANTOR(S) (Last name first, then first name and initials)

- 1.
- 2.
- 3.

Additional names on page ____ of document.

GRANTEE(S) (Last name first, then first name and initials)

- 1.
- 2.
- 3.

Additional names on page ____ of document.

LEGAL DESCRIPTION (abbreviated: i.e. lot, block, plat OR section, township, range, quarter/quarter section)

Additional legals on page ____ of document.

ASSESSOR'S PARCEL NUMBER

Additional assessor's parcel numbers on page ____ of document.
() Assessor's parcel number not yet assigned.

AFFIDAVIT: EMERGENCY NON-STANDARD RECORDING

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 part of the text of the original document.

Signed: _____

Date _____

The Auditor/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.