

Name and Mailing Address

The Recorder is required to use only the information you provide on this cover sheet to index the document.

- Type or print legibly.
- Sign the required statement below

Document Title(s): _____

Auditor's File Number of Document (s) Referenced: _____

Grantor(s) person(s) that conveys, sells or grants interest in property: _____

Grantee(s) person that buys, receives or to whom conveyance of property is made: _____

Abbreviated Legal Description:

- Quarter, Quarter, Section, Township, Range (and Government lot # if applicable); **OR**
- Plat/Condo Name, lot or unit number, building or block number; **OR**
- Short plat, Large Lot number, lot number **and** auditor file number

Assessor's 14 digit Tax Parcel Number: _____

I, _____, am requesting an emergency nonstandard recording for an additional fee of \$50.00 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.

Signature: _____