



**Government of the
District of Columbia**

Office of Tax
and Revenue

Recorder of Deeds
1101 4th Street, SW
Washington, DC 20024
Phone (202)727-5374

RE-RECORDING CERTIFICATION

I. Party Requesting Re-Recording

Name

First Name

M. I.

Last Name

Firm

Address

City

State

Zip

Day Phone

Evening Phone

II. Property Description & Type of Document

Square(s)

Suffix

Lot(s)

Instrument#

Recording Date

III. Parties to Document

Grantor(s)

First Name

M. I.

Last Name

Grantor(s)

First Name

M. I.

Last Name

Grantee(s)

First Name

M. I.

Last Name

Grantee(s)

First Name

M. I.

Last Name

Other

First Name

M. I.

Last Name

IV. Reason(s) for Re-Recording

(state specifically and include the page(s) and line(s) where change(s) occur)

V. A copy of the document before the change was made is required.

VI. Certification

I,

First Name

M. I.

Last Name

, hereby certify that the

statement and representation made herein are correct and true and that no changes, modifications, or insertions have been made to the document referenced herein other than indicated above. Furthermore, I hereby acknowledge that any false statement or misrepresentation that I make on this form is punishable by criminal penalties under the laws of the District of Columbia.

mm/dd/yyyy

Signature

Given under my hand and seal this the day of

Notary Public Signature