

Return Address:

Document Title(s) (or transactions contained therein):

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

Reference Number(s) of Documents assigned or released:

(on page _____ of document(s))

Grantor(s) (last name first, then first name and initial(s))

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

Additional names on page _____ of document.

Grantee(s) (last name first, then first name and initial(s))

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

Additional names on page _____ of document.

Legal Description (abbreviated : i.e. lot, block, plat or section township and range)

Additional legal is on page _____ of document

Assessor's Parcel Number (Geo ID-12 Digits):

Additional parcel numbers on page _____ of document

Washington State County Auditor/Recorder's indexing form (cover sheet)

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.

EMERGENCY NONSTANDARD REQUEST – SIGN ONLY WHEN RECORDING AS NONSTANDARD

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

DATE