

NAME: _____		REQUEST DATE: _____
PHONE: _____		EMAIL: _____
		DATE NEEDED: _____
I. DEED INFORMATION		
1. Property Address:	Name: _____	
	Address: _____	
	City: _____	State: _____ Zip: _____
	County: _____	
2. Preparer's Name and Address:	Name: _____	
	Address: _____	
	City: _____	State: _____ Zip: _____
3. Grantee's Name and Address:	Name: _____	
	Address: _____	
	City: _____	State: _____ Zip: _____
	County: _____	
4. Grantor's Name and Address:	Name: _____	
	Address: _____	
	City: _____	State: _____ Zip: _____
	County: _____	
5. Grantor's Gender and Marital Status:	<input type="checkbox"/> Male <input type="checkbox"/> Female _____ (Single, Married, Divorced or Widowed)	
6. Total Amount Paid:	_____ (Minimum amount is \$10.00)	
7. Property Information:	_____ Tax or Assessor's Parcel Number	
	_____ Lot Number Recorded on Property Map	
	_____ Section Number on Property Map	
8. Full Legal Description of Property:	_____	
9. Subsequent Tax Bills Should be Mailed to:	Name: _____	
	Address: _____	
	City: _____	State: _____ Zip: _____
10. Effective Date:	_____	
11. Witness Names:	1. _____ 2. _____	