

RECORDING REQUESTED BY

NAME: _____

WHEN RECORDED MAIL TO:

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

(DOCUMENT WILL ONLY BE RETURNED TO NAME & ADDRESS IDENTIFIED ABOVE)

(SPACE ABOVE FOR RECORDER'S USE)

Documentary Transfer Tax is \$ _____
(TAX MUST BE A GOOD MULTIPLE OF \$ 0.55)

() computed on full value of property conveyed.

() computed on full value less value of liens and encumbrances remaining.

() Unincorporated area: () City of: _____.

City transfer tax is \$ _____
(TAX MUST BE A GOOD MULTIPLE OF \$ 1.65)

Signature of declarant X _____

A P N: _____

(DOCUMENT TITLE)

MAIL TAX STATEMENT TO:

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP _____