

RE-RECORDING COVER SHEET

Any errors in this cover sheet DO NOT affect the transactions(s) contained in the instrument itself.

AFTER RECORDING RETURN TO:

Name _____
Address: _____
City/State/Zip _____

RE-RECORDED TO CORRECT _____

AT THE REQUEST OF _____

PREVIOUSLY RECORDED AS MICROFILM # _____

OR BOOK # _____ **PAGE #** _____

The undersigned hereby certifies the above information to be true and correct.

SIGNATURE

PRINTED NAME & TITLE

ALL TAX STATEMENTS SHALL BE SENT TO:

DOCUMENT TITLE: _____

NAME(S) AND ADDRESS(ES) of DIRECT party(s):

(i.e. DEEDS: Seller/Grantor - MORTGAGES: Beneficiary/Lender – LIENS: Creditor/Plaintiff)

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

NAME(S) AND ADDRESS(ES) of INDIRECT party(s):

(i.e. DEEDS: Buyer/Grantee – MORTGAGES: Grantor – LIENS: Debtor/Defendant)

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

LIEN DOCUMENTS: Amount of lien \$ _____

ALL DOCUMENTS REQUIRING A REFERENCE NUMBER:

Original recording information: Book _____ Page _____ Instrument # _____