

RETURN ADDRESS (Name and Mailing)

DOCUMENT TITLE(S)

- 1.
- 2.
- 3.

REFERENCE NUMBER(S) of Documents assigned or released:

GRANTOR(S) (Last name, first name, middle initials)

- 1.
- 2.
- 3.

GRANTEE(S) (Last name, first name, middle initials)

- 1.
- 2.
- 3.

LEGAL DESCRIPTION (abbreviated: i.e. lot, block, plat OR section, township, range, quarter/quarter section)

ASSESSOR'S 11 DIGIT PARCEL NUMBER(S)

AFFIDAVIT: EMERGENCY NON-STANDARD RECORDING

I am requesting an emergency non-standard recording for an additional fee 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.

Signed: _____ Date _____

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.