RETURN NAME and ADDRESS	
lease Type or Print Neatly and Clearly All Information	ation (DUAL DOCUMENTS)
Document Title(s)	Document Title(s)
Reference Number(s) of Related Docume	ents
Grantor(s) (Last Name, First Name, Middle Initial)	Grantor(s) (Last Name, First Name, Middle Initial)
Grantee(s) (Last Name, First Name, Middle Initial)	Grantee(s) (Last Name, First Name, Middle Initial)
Legal Description (Abbreviated form is acceptable, i.e.	e. Section/Township/Range/Qtr Section or Lot/Block/Subdivision)
Assessor's Tax Parcel ID Number	
The County Auditor will rely on the information properties verify the accuracy and completeness of the inde	rovided on this form. The Staff will not read the document exing information provided herein.
Sign below only if your document is Non	
	ing for an additional fee as provided in RCW 36.18.010. nents may cover up or otherwise obscure some parts of dard processing is \$50.
Signature of Requesting Party	