

Return Address:
City of Shoreline
17544 Midvale Aven
Shareline WA
98133



Please print or type information WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65.04) Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in) 1. <u>City of Shoreline Ordinary 334</u> 2.
3. ______4. Reference Number(s) of Documents assigned or released: Additional reference #'s on page _____ of document Grantor(s) (Last name, first name, initials) 1. Cuty of Shoreline, Additional names on page _____ of document. Grantee(s) (Last name first, then first name and initials) Additional names on page _____ of document. Legal description (abbreviated: i.e. lot, block, plat or section, township, range) Additional legal is on page 1-2 of document. Assessor's Property Tax Parcel/Account Number ☐ Assessor Tax # not yet assigned 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. I am requesting an emergency nonstandard 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. Signature of Requesting Party