



SALEM COUNTY CLERK'S DOCUMENT SUMMARY SHEET

All information is to be typed or legibly Printed

Salem County Clerk's Office Gilda T. Gill, Clerk 110 Fifth Street, Suite 200 856-935-7510 www.salemcountyclerk.org	Return Name and Address:
--	---

FOR OFFICAL USE

Submitting Company	
Document Date (mm/dd/yyyy)	
Document Type	
No. of pages of the original Signed Document <i>(include the Document Summary Sheet)</i>	
Consideration Amount (if applicable)	

First Party <small>(Grantor or Mortgagor or Assignor or Defendants) <i>(Enter up to five names)</i></small>	Name (s) <i>(Last Name First Name M.I. Suffix)</i> <i>(Company Name as written)</i>	Address <i>(Required for Deeds)</i>

Second Party <small>(Grantee or Mortgagee or Assignee or Plaintiff) <i>(Enter up to five names)</i></small>	Name (s) <i>(Last Name First Name M.I. Suffix)</i> <i>(Company Name as written)</i>	Address <i>(Required for Deeds)</i>

Deed Parcel Information <small><i>(Enter up to three entries)</i></small>	Municipality	Block	Lot	Property Address

Reference Information <small><i>(Enter up to three entries)</i></small> <small><i>(If applicable)</i></small>	Book Type	Original Book No.	Original Beginning Page	Instrument No.	Recorded/File Date

*****DO NOT DISCARD THIS PAGE*****

***THIS COVER SHEET [DOCUMENT SUMMARY] IS A PERMANENT PART
OF THE SALEM COUNTY, NJ RECORDING DOCUMENT***

*** Disclaimer: This Sheet was Prepared by the Submitter***