



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 Salem, NJ 08079-1073 856-935-7510 salemcountyclerk.org	Return Name and Address:
--	---------------------------------

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

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

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

Reference Information <i>(Enter up to three entries)</i> <i>(If applicable)</i>	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***