Document Request Form <u>E-mail: documents@deedpro.com</u> or Fax: 702-736-7990

For assistance, please call

Customer Service at toll free,

877-715-7155 or 702-942-1060.

A copy of the last recorded vesting deed is required along with this form to complete your request.

Company:	Date:
Address:	Number of Pages (including Cover Page):
City/State/Zip:	Phone: Extension
Contact:	Fax:
E-mail:	Order Reference:
Document Requested: (check one)     Type of Service Requested: (check one)	
QUITCLAIM DEED GRANT, BARGAIN, SALE DEED 1 - Hour Processing	
WARRANTY DEED OTHER: S - Business Hours	
AFFADAVIT (please describe)   16 - Business Hours	
Property Address: Street (if vacant lot, write "vacant")	City State ZIP
PIN, APN, Parcel or Tax I.D. No.:	County:
Consideration/Sale Price: (if no money is used for this exchange, please leave blank)	
GRANTOR / SELLER:	
Mailing Address:	
Current Marital Status of Grantor 1: (check one if applicable)	le 🔽 Married 🔽 Divorced 🔽 Widow or Widower
Current Marital Status of Grantor 2: (check one if applicable) Single Married Vidower	
Current Marital Status of Grantor 3: (check one if applicable) Single Married Widow or Widower	
Grantor relationship to Grantee, if any:	
If the Grantor A TRUST A CORPORATIO	
Please provide the following:     Trustee Names, Trust Name, Trust Date (if AZ property, also Name & Address of Current Beneficiary)     State of Formation	State of Formation Name of administrator or
GRANTEE / BUYER:	
Mailing Address:	
Current Marital Status of Grantee 1: (check one if applicable)	gle 🔄 Married 📄 Divorced 🦳 Widow or Widower
Current Marital Status of Grantee 2: (check one if applicable)	gle Married Divorced Widow or Widower
Current Marital Status of Grantee 3: (check one if applicable) Single Married Widow or Widower	
Vesting Options: (check one) None or Not Applicable Not Applicable Tenancy Common Tenants in Tenanty by Sole & Separate Property	
COMMUNITY PROPERTY: WITH Right of Survivorship Of Survivorship Other:	
LAST RECORDED DATE: BOOK:	PAGE: NO.:
Return Completed Documents by: (check one) Email (PDF) file Overnight to:	
Send Recorded Documents to: (check one) Grantee Other:	
Send Tax Statements to: (circle one) Grantee Other:	
	ner: