

ORLEANS COUNTY CLERK'S OFFICE

RECORDING PAGE

Receipt # _____
Instrument # _____
Envelope Enc./Doc.Held _____
*Return To: _____



CAROL LONNEN

ORLEANS COUNTY CLERK

3 SOUTH MAIN STREET
Albion, NY 14411-1498
585-589-5334 phone
585-589-0181 fax

***GRANTOR/MORTGAGOR/DISCHARGOR/ASSIGNOR:**

(For a Discharge Insert Individual or Bank Signing Document)

**SIZE OF COVER SHEET, MUST REMAIN
8 1/2 X 14.**

***GRANTEE/MORTGAGEE/**

***DISCHARGE/ASSIGNEE:**

*TYPE OF DOCUMENT _____

*NO. OF PAGES _____

*ABSTRACT CO. _____

*CUSTOMER * MAIL _____

*Location of Property _____

*Street: _____

*Town: _____

*2nd Town: _____

*Village: _____

*Lot: _____ *Sec: _____

*Twnsp: _____ *Range: _____

*Tax Map No. _____

Mortgage Recording Tax Receipt
State of New York) Serial No.: _____
County of Orleans) _____
I certify that I have received on the within
Mortgage \$ _____ Basic Tax, \$ _____
Special Additional Tax; & \$ _____ Additional
Tax (7/1/03 Transportation Authority) being the
amount of Recording Tax imposed thereon and paid
at the date of recording thereof.
By: Carol R. Lonnen
Recording Officer of Orleans County
Mortgage Amount \$ _____
Hold Mtg: _____

CHECK IF IT IS OR TO BE PRINCIPALLY
IMPROVED BY A 1 OR 2 FAMILY RESIDENCE
OR DWELLING: _____ *

Received:

\$.....
Real Estate Transfer Tax

Consideration \$ _____

Taxed Amount \$ _____

Deed Stamp No. _____

State of New York)
County of Orleans) ss

Recorded on _____
200 . at: _____ O'Clock M
Book _____ of RECORDS
Page _____ and Examined.
Carol R. Lonnen
Carol R. Lonnen, Orleans County Clerk

SPACE FOR CLERK'S VALIDATION STAMP
(IMAGING 3/1/03):

CLERK NOTES:

***TO BE COMPLETED BY
CUSTOMER**

WARNING: This sheet constitutes the
Clerk's endorsement, required by section
316-A(5) of the real property law of the
State of New York... **DO NOT
DETACH. DO NOT REDUCE**

Staff Initials: _____