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)

_____

_____

***GRANTEE/MORTGAGEE/**
***DISCHARGEE/ASSIGNEE:**

_____

_____

SIZE OF COVER SHEET, MUST REMAIN 8 ½ X 14.

*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: _____

7/2003