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Atlantic County Document Summary Sheet

Return Name and Address

ATLANTIC COUNTY CLERK 5901 MAIN ST MAYS LANDING, NJ 08330

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Submitting Company			Iconic Title Agency LLC					
Document Date (mm/dd/yyyy)			//20					
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Consideration Amount (If applicable)			\$0.00					
	Name(s)	Name(s) (Last Name, First Name Middle Initial, Suffix) (or Company Name as written)				Address (Optional)		
First Party	(or company reduced written)							
(Grantor or Mortgagor or Assignor)								
(Enter up to five names)								
	Name(s)	(Last Name, First Name Middle Initial, Suffix)				Address (Optional)		
Second Party	`´ (or Company I		Name as written)					
(Grantee or Mortgagee or Assignee)								
(Enter up to five names)								
	Municipality		Block	Lot		Qualifier	Property Address	
Parcel Information						Q		
(Enter up to three entries)							,	
	Book Type		Book	Beginning Page		Instrument No.	Recorded/File Date	
Reference Information								
(Enter up to three entries)								
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