



# SALEM COUNTY CLERK'S DOCUMENT SUMMARY SHEET

**All information is to be typed or legibly Printed**

**Salem County Clerk's Office**  
**Dale A. Cross, Clerk**  
**110 Fifth Street, Suite 200**  
**Salem, NJ 08079-1073**  
**856-935-7510 | salemcountyclerk.org**

**Return Name and Address:**

***FOR OFFICIAL USE***

**Submitting Company**

Iconic Title Agency LLC

**Document Date (mm/dd/yyyy)**

\_\_\_/\_\_\_/20\_\_\_

**Document Type**

**No. of pages of the original Signed Document**  
***(include the Document Summary Sheet)***

**Consideration Amount *(if applicable)***

\$0.00

**First Party**

**(Grantor or Mortgagor or  
Assignor or Defendants)**  
***(Enter up to five names)***

**Name (s)** *(Last Name First Name M.I. Suffix)*  
*(Company Name as written)*

**Address** *(Required for Deeds)*

**Second Party**

**(Grantee or Mortgagee or  
Assignee or Plaintiff)**  
***(Enter up to five names)***

**Name (s)** *(Last Name First Name M.I. Suffix)*  
*(Company Name as written)*

**Address** *(Required for Deeds)*

**Deed  
Parcel Information**  
***(Enter up to three entries)***

**Municipality**

**Block**

**Lot**

**Property Address**

**Reference  
Information**

***(Enter up to three entries)***  
***(If applicable)***

**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  
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**\*\*\* Disclaimer: This Sheet was Prepared by the Submitter\*\*\***