

Cape May County Document Summary Sheet

CAPE MAY COUNTY CLERK PO BOX 5000 7 NORTH MAIN STREET CAPE MAY COURT HOUSE **Return Name and Address**

NJ 08210-5000 Official Use Only **Submitting Company** Document Date (mm/dd/yyyy) **Document Type** No. of Pages of the Original Signed Document (Including the cover sheet) Consideration Amount (If applicable) (Last Name First Name Middle Initial Suffix) Name(s) Address (Optional) (or Company Name as written) First Party (Grantor or Mortgagor or Assignor) (Enter up to five names) (Last Name First Name Middle Initial Suffix) Name(s) Address (Optional) (or Company Name as written) **Second Party** (Grantee or Mortgagee or Assignee) (Enter up to five names) Municipality Block Lot Qualifier **Property Address Parcel Information** (Enter up to three entries) Book Type Book **Beginning Page** Instrument No. Recorded/File Date **Reference Information** (Enter up to three entries) *DO NOT REMOVE THIS PAGE.

DOCUMENT SUMMARY SHEET (COVER SHEET) IS PART OF CAPE MAY COUNTY FILING RECORD. RETAIN THIS PAGE FOR FUTURE REFERENCE.