

# State of New York, County of Erie

Erie County Clerk Clerk's Office

## Deed Recording Page

### RETURN TO:

_____		
Name or Box Number		
_____		
Street Address		
_____		
Street Address		
_____	_____	_____
City	State	Zip Code

FORM must be **TYPED** by filer or attorney using **CAPITAL LETTERS** not less than 8 pt font and presented at time of recording with:

- original document, signed and notarized
- RP5217 (Equalization Form)
- 2 copies of TP-584 (Real Estate Transfer Tax Return), additional schedules applicable (if any) and
- proof of any exemptions

WARNING - This sheet, when stamped above with recording information, constitutes the Clerk's endorsement required by NYS Real Property Law §319&316-a (5).

DO NOT DETACH

Taxable Consideration: \$ \_\_\_\_\_ Legal Description is located on page \_\_\_\_\_ of document

### SELLER/GRANTOR/TRANSFEROR:

_____	_____	_____
Last Name / Surname / Entity Name	First Name	Middle Initial
_____	_____	_____
Last Name / Surname / Entity Name	First Name	Middle Initial
_____	_____	_____
Last Name / Surname / Entity Name	First Name	Middle Initial
_____	_____	_____
Last Name / Surname / Entity Name	First Name	Middle Initial
_____	_____	_____
Last Name / Surname / Entity Name	First Name	Middle Initial

### BUYER/GRANTEE/TRANSFeree:

_____	_____	_____
Last Name / Surname / Entity Name	First Name	Middle Initial
_____	_____	_____
Last Name / Surname / Entity Name	First Name	Middle Initial
_____	_____	_____
Last Name / Surname / Entity Name	First Name	Middle Initial
_____	_____	_____
Last Name / Surname / Entity Name	First Name	Middle Initial
_____	_____	_____
Last Name / Surname / Entity Name	First Name	Middle Initial

NOTE: The attached document will be indexed in accordance with the information provided on this cover page; any error in this information may require re-recording the document. This office is not responsible for errors based upon the data contained on this page.