Standard Recording Slip						
To:		County, MN	Abstract	Date:		
			Torrens#			
Please record in the following order:						
	Document Type	Description		MRT	SDT	Recording Fees
1						
2						
3						
4						
5						
6						
From: Address:						
(Company Name)			(Company Address)			
Contact Name:			Phone No.:	County Escrow Account No.:		
Notes:						
Company File No.:						

NOTE: IF ANY DOCUMENT IS REJECTED, THE ENTIRE PACKAGE WILL BE RETURNED