

<u> </u>	Statutory County Recorder	's Fund			
County Name			In the space provided below, ther the number of instruments recorded pursuant to section 1 and 2 of Section 59.330, RSMo.		
Cour	nty Address	Nu	umber of instru	ments recordered: x 2 =	
Mon	th of Collections		Check Number		
ıre	Under penalties of perjury, I declare that the ab	ove information and any at	tached suppler	ment is true, complete, and correct.	
Signature	Signature of Recorder			Date (MM/DD/YYYY)//	
P.O. Box 453 Fax: (573) 522-1720		none: (573) 751-5900 ix: (573) 522-1720 mail: <u>countyfees@dor</u>	r.mo.gov	Visit http://dor.mo.gov/business/citycounty/ for additional information.	015
<u> </u>	Missouri Department of R Statutory County Recorder	's Fund			
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Wail to: Taxation Division Phone: (573) 751-59 P.O. Box 453 Fax: (573) 522-1720			r.mo.gov	Visit http://dor.mo.gov/business/citycounty/ for additional information.	015)
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Mail to: Taxation Division

P.O. Box 453

Jefferson City, MO 65105-0453

Phone: (573) 751-5900 **Fax:** (573) 522-1720

E-mail: countyfees@dor.mo.gov

Form 4922 (Revised 10-2015)

Visit

http://dor.mo.gov/business/citycounty/
for additional information.

