**Grant Deed**

Recording Requested By

 .-Title Company-

And When Recorded Mail To

 .-Mail to Name-

 .-Mail to Address-

 .-Mail to City, State Zip-

Escrow No. .-Escrow Number-

Order No. .-Order Number-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_space above this line for recorder's use\_\_\_\_\_\_\_\_\_\_\_\_

Grant Deed assessor's parcel no:

 .-Assessor's Parcel Number-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned Grantor(s) Declare(s)

Documentary Transfer is $42.00 unincorporated area city of Bloomfield, NJ.