

DEED INFORMATION CHANGE REQUEST

Bidder Information

Name: _____	Date: _____
Email Address: _____	Phone: _____

Lot Information

Auction Lot #: _____	Original Auction Date: _____
Lot County: _____	Lot Parcel ID: _____

Original Deed Information

Original Grantee Name(s): _____
Original Address: _____

Requested Change

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Payment Information

Card Type: Visa MasterCard Discover
Card Number: _____ CID: _____ Exp. Date: _____
OR (check box)
I am paying with the enclosed check, payable to Title Check, LLC Escrow Account

Terms and Condition

I understand and agree that I will be assessed a **\$50.00 fee** in order to make the changes listed above to the original deed information which I approved at the time of purchase, as evidenced by the sworn affidavit I executed at that time. I further understand and agree that if the original deed has already been recorded, I will be charged an additional **\$30.00 re-recording fee**.

By signing below I hereby affirm that the amended deed information I have provided above is accurate and that I authorize Title Check, LLC to charge the credit card listed above (if any) for the fees associated with implementing this deed change.

Signature

Date

**RETURN THIS FORM AND ANY ACCOMPANYING
FEES AS SOON AS POSSIBLE**

Fax to: (269) 585-5993	Email to: auctionhelp@tax-sale.info
<p style="text-align: center;">Mail to:</p> <p style="text-align: center;">Title Check, LLC Attn: Auction Dept. 622 W Kalamazoo Ave Kalamazoo, MI 49007</p>	

Need Additional Help? Call **(800) 259-7470** or **(269) 226-2600**