



ASOSD, Inc.
142 E. Bonita Avenue #51
San Dimas, CA 91773
(909)394-1202

LA County Recorders Supplemental Form
(REQUIRED IN LOS ANGELES COUNTY RECORDERS ONLY)

ASOSD, Inc.
Client Name: _____

ASOSD
Account #: _____ Date: _____

ASOSD Court Service Slip. #
Invoice Number: (CH) (OC) (SD) _____
(IE)

Timeclock Stamp

Number of Recordable Documents Submitted With This Sheet: _____ (Maximum 25 Per Sheet)
Does not include conforming copies or PCOR

When submitting multiple documents, please number each document (including copy and PCOR, when applicable) in the lower right hand corner of the first page. Recorder will only conform 1 (one) copy of each RECORDABLE document.

Examiner: Please use the table below to enter the price of each document

Table with 5 columns and 5 rows for document numbering and pricing (1-25).

Return [] Certified Copy(ies) of Document Number(s): _____

Fee: \$6.00 for 1st page and \$3.00 for each additional page of each document. If not requested at time of recording, copy(ies) will not be available for approximately 1 (one) month from date of recording.

ASOSD, Inc. is to advance if client check is insufficient or exceeds fee: [] YES [] NO

ASOSD, Inc. company policy does not allow us to alter any check submitted by a client.

Special Instructions - Please Type or Print Legibly

Examples: "Record docs in order", Record then file", No copy to conform" Obtain Certified copy after recording"

Type of Payment -Do Not Send Cash

- Client "Not To Exceed" Check (Enter Amount)..... \$ _____ Check #: _____
Client Check (Enter Amount)..... \$ _____ Check #: _____
Client "Blank" Check..... Check #: _____
ASOSD, Inc. Advance Check..... Check #: _____