

Kentucky Dept. for Libraries and Archives P.O. Box 537, 300 Coffee Tree Road Frankfort, KY 40602

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## **Deed Record Request Form**

Date:				
Contact Informa	ation			
Name:				
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State/Province:				
Zip/Postal Code:				
Daytime				
Phone Number:		Preferred Method of 0	Contact:	
Email Address:		Email	Phone	
Deed Record Requested			<b>Notes:</b> Provide any additional detail you think will be helpful in finding the requested record	
Name of Grantee (Buyer):				
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County:				
Date:				
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Page Number, if known:				
Other Land Record		Preferred Method of I	Jelivery:	
Requested:		Mailed copies		
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☐ I have enclosed the required fee to process this request.				
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