



**KAREN A. YARBROUGH** COOK COUNTY RECORDER OF DEEDS

# REQUEST FOR SEQUENTIAL ORDER OF RECORDING FORM

The Cook County Recorder of Deeds Office (CCRD) is committed to both ACCURACY and EFFICIENCY in the recording of all documents "entitled to be recorded." To ensure our staff can provide such accuracy and efficiency, starting December 1, 2017, any request for multiple documents to be recorded by our staff in a specific sequential order **MUST** be accompanied by the following forms, clearly indicating which documents are to be recorded in which order. These forms are required in an effort to reduce mistakes as to which document should be recorded first, second, third, and so on (i.e. Power of Attorney, Deed or Affidavits, etc.), but also to save on recording penalties by providing a separate space to write such information instead of the margins or 3x5 recording space. These forms will be required for any "bundles" or "stacks of documents" which a submitter requests to have recorded in any specific sequential order, and can be obtained at [cookrecorder.com/forms](http://cookrecorder.com/forms). Please print legibly and clearly so as to prevent any potential confusion, and please make sure to include the applicable contact information to ensure our staff can contact the requester if questions arise. Thank you for your cooperation, and we look forward to continuing to execute on our mission of Accuracy, Efficiency and Advocacy.

I, \_\_\_\_\_, the requesting submitter, do hereby request that the CCRD office record the

following:  documents in the order designated below.

**PRINT NAME OF DOCUMENT BELOW**

1st DOCUMENT TO BE RECORDED: _____	<input type="checkbox"/>	OF	<input type="checkbox"/>
2nd DOCUMENT TO BE RECORDED: _____	<input type="checkbox"/>	OF	<input type="checkbox"/>
3rd DOCUMENT TO BE RECORDED: _____	<input type="checkbox"/>	OF	<input type="checkbox"/>
4th DOCUMENT TO BE RECORDED: _____	<input type="checkbox"/>	OF	<input type="checkbox"/>
5th DOCUMENT TO BE RECORDED: _____	<input type="checkbox"/>	OF	<input type="checkbox"/>
6th DOCUMENT TO BE RECORDED: _____	<input type="checkbox"/>	OF	<input type="checkbox"/>

Furthermore, I also request that should for any reason, the above documents CANNOT be recorded in the requested order (perhaps due to one of the documents being incomplete, or missing something) that CCRD please return **ALL** of the documents to me **UNRECORDED**, if unable to reach me at the below information in advance of returning these documents.

_____ Signature of Submitter	_____ Title of Submitter, Including Company	_____ Date Documents Submitted
_____ Special Instructions or Details For CCRD Staff	_____ Contact Email Address for Submitter	_____ Contact Phone # for Submitter

**CCRD OFFICE USE ONLY**

_____ Name/Initials of Reviewing CCRD Staff	_____ Name/Initials of Recording CCRD Staff	_____ Date Received and Recorded by CCRD
_____ First Document Number in Sequence	_____ Last Document Number in Sequence	_____ Special Notes/Details/Instructions