

Record My Documents

9025 Wilshire Blvd., Suite 301
Beverly Hills, CA 90211
info@recordmydocuments.com
Phone 888-221-6663

Document Preparation Service Agreement

1. **Reference:** _____ **Doc Type:** _____

County: _____ **State:** _____

2. **Return Address:**

Name : _____

Address _____

City _____ *State* _____ *Zip* _____

3. **Additional Services** (*additional fees apply*): Rush Preparation Copy of Prior Recording

Rush Recording Certified Copy

4. **Your Contact Information:** *Company:*

Name Address _____

City _____ *State* _____ *Zip* _____

Phone(____) _____ - _____ *Email* _____

Signature _____ **Digital Signature* *Date* ____/____/____

5. **New Document Recording Information** (*obtained once recorded*):

DATE	TIME	INSTRUMENT#	TAXES/COPY FEES	FEES

Agreement: Signing by hand and/or by checking the digital signature, box constitutes a legal signature confirming acknowledgment and agreement to the above Terms of Service and Acceptance. This agreement is between Record My Document (hereafter referred to as "the company") and the undersigned (hereafter referred to as "Client") is for the company to act as agent in requesting recording of document and other services requested by client.

Acknowledgment : client acknowledges and agrees as (a) the company has no duty or obligation in any way to review or examining the documents or title to the respective property. (b) that the company derives direct or indirect benefit from the recording of the documents beside the agreed upon processing fees. (c) that the company accepts no liability or responsibility as to the condition of the title of the property or as to the physical condition of the dwelling /lot, nor does the company warrant the validity, sufficiency, or effect of such document requesting to be filed. (d) the company does not guarantee turnaround times and will submit a request at the appropriate county agency as soon as possible unless expressly agreed upon by the company and client. (e) client jointly and severely waives and releases the company from any and all claims arising out of document recording and agree to hold harmless protect and indemnify the company from and against all liabilities, losses and damages, expenses and charges including and not limited to attorney fees and expenses from litigation which may be sustained or incurred by the company in anyway relating to or arising directly or indirectly out of any document filed on behalf and requested by client including any claim, action and proceeding judgment order or process arising from of based or arising upon or growing out of client active or passive negligence in connection with the document.

Payment: The accompany accepts two forms of payment (credit card or check) for processing services and county agency fees associated with services requested and preformed for the client. The proper payment form (see attached) must be completed in its entirety before services can be rendered. The company reserves the right to collect document transfer tax in advance. Payment for remaining balance is due is due upon notice and is subject to late fees after 48 hours.

Services fees: The company will charge fees for services requested by client. Client agrees to pay for requested services if the company dutifully submits documents for recording and the recording is successful. Services requested by the client will be charged if cancellation is request and received after services have been performed

Attorney fees: client agrees that if a lawsuit shall be brought to enforce this agreement. The client will reimburse the company all attorney fees

Do not write below this line – Record My Documents use only

Payment Method _____ Subtotal _____

Doc Prep Fees _____ Convenience Fees _____

Other Fees _____ Amount Paid _____ **Balance Due** _____

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Document Preparation Worksheet

• **Property Address:** _____

• City _____ State _____ Zip _____

• Assessor's Parcel Number _____

Property is intended to be the Grantee's principal residence: YES NO

If YES, date of occupancy or intended occupancy: _____ / _____ / _____

• **Tax Statement Mailing Address:** check if same as document return address

Name _____

Address _____

City _____ State _____ Zip _____

• **Grantor/Seller ("who is currently on title")*:** _____

○ Marital Status: _____

○ Address: _____

○ City _____ State _____ Zip _____

• **Grantee/Buyer ("who is going to be on title"):** _____

○ Phone : () _____ - _____

○ Marital Status: _____

○ Address: _____

○ City _____ State _____ Zip _____

• **This transfer is a:** sale (list purchase price below gift/other (please explain below**))

*If anyone other than the Grantor is signing the document, please list the person's name and in what capacity they are signing.

* If the Grantor is a company or other entity, please list who will be signing the document and in what capacity.

** If there is a relationship between the Grantor/Grantee, please explain the nature of the transfer