COLUMBIA COUNTY ASSESSOR REQUEST FOR CHANGE OF ASSESSOR'S RECORDS

			Date:		
Requested B	By: Name:				
	Address:				
	_				
Code:	A	ccount Number:			
Code:	A	ccount Number:			
Code:	A	ccount Number:			
Please remove the name:					
For the following reason:					
Death	Divo	rce	Recorded Sale		Other
Document supporting reason must be on file with the County Clerk or Circuit Court Clerk.					
By:					
(Signature of requesting party)					
Daytime Phone No.					
THIS SECTION FOR OFFICE USE ONLY					
Date:		Request Accomp	lished? Yes	No	Ву:
Reason:	Death Certificate	on record with Cour	nty Clerk:	Yes	No
	Probate on record	d with Circuit Court (Clerk:	Yes	No
1	Deed on record w	ith County Clerk:		Yes	No
	Divorce Decree or	n record with Circuit	t Court Clerk:	Yes	No
We are unable to complete the requested action at this time. Please provide the County Clerk or Circuit Court Clerk a copy of the requested document or contact the Assessor's Office with additional information at (503) 397-2240.					

Complete top half of form and return to: Columbia County Assessor 230 Strand St

Saint Helens, OR 97051