

## Contacts Data Entry Form

Claim Number: \_\_\_\_\_

| Owner Type | Full Name | Address | City | State | Zip |
|------------|-----------|---------|------|-------|-----|
|------------|-----------|---------|------|-------|-----|

Current Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Current Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Current Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name connector: and \_\_\_\_\_, or \_\_\_\_\_, and/or \_\_\_\_\_.

Representing Attorney: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Accompanied By: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Relationship to Claimant: \_\_\_\_\_ Date of Field Exam: \_\_\_\_\_

Discussion of right origin and split history. Questions and problems.

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Claim EVIDENCED BY TRANS #4862, 21 Aug 1996.  
No FURTHER EVIDENCE REQUIRED.

Recommend AS Per TX #4862

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_