

Contacts Data Entry Form

Claim Number: _____

Owner Type	Full Name	Address	City	State	Zip
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Current Owner: _____ Phone No.: _____

Current Owner: _____ Phone No.: _____

Current Owner: _____ Phone No.: _____

Name connector: and _____, or _____, and/or _____.

Representing Attorney: _____ Phone No.: _____

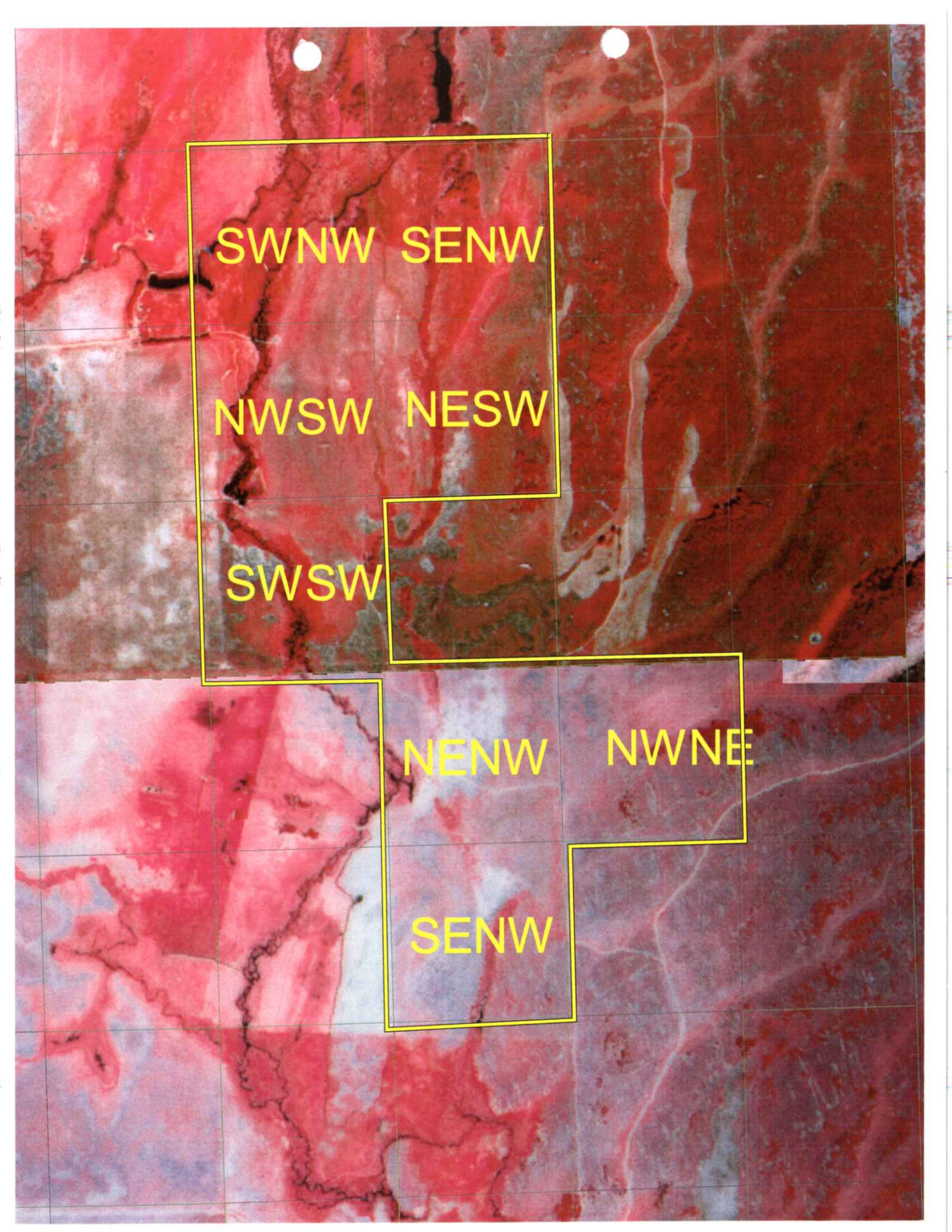
Accompanied By: _____ Phone No.: _____

Relationship to Claimant: _____ Date of Field Exam: _____

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

3000 DALLING, GLEN H & DOROTHY H
590 W I S
SUGAR CITY 83448

Reviewer: _____ Date: _____



SWNW SENW

NWSW NESW

SWSW

NENW

NWNE

SENW

21-10A, 21-12, 21-16

T10N R41E

