

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.

2400

HESS FARMS.

3431 E 1200 W

ASHTON, ID. 83420

351-2075 (MI)
351-7359
US2

351-1239 Ray Hess

James Nash

3301 Hwy 20

Ashton ID 83420

Reviewer: _____ Date: _____