



COUNTY OF LEHIGH
Office of Assessment

Corey A. Cieslak
Director

RECORD OWNER CHANGE FORM
(SURVIVING OWNER)

SURVIVING RECORD OWNER -- (PLEASE PRINT NAME)

I WISH TO HAVE _____
(NAME OF DECEASED OWNER/SPOUSE)**(DATE OF DEATH)

REMOVED FROM THE ASSESSMENT RECORD.

PROPERTY ADDRESS: _____

PIN ID: _____

SURVIVING OWNER'S SIGNATURE: _____

DATE: _____

PHONE NUMBER: _____

FOR OFFICIAL USE ONLY
BY LEHIGH COUNTY ASSESSMENT OFFICE:

ABOVE CHANGE NOTED ON LEHIGH COUNTY
ASSESSMENT RECORDS:

BY: _____

DATE: _____

NOTE: THIS CHANGE WILL BE MADE ON ASSESSMENT RECORDS ONLY;
THIS WILL NOT AFFECT YOUR RECORDED DEED.