POST-CLOSING CHECKLIST Legacy Land Conservation Program

	e complete this form for the Fiscal Year Legacy Land Conservation Program grant
for	
and su	bmit the certified original within 30 days of closing to:
	Legacy Land Conservation Program 1151 Punchbowl Street, Rm. 325 Honolulu, HI 96813
Check	the box to indicate that the requested information has been provided.
	The acquisition closed on the following date:
	The final area acquired is acres.
	A closing statement for the escrow transaction is attached.
	The recorded deed and any other recorded documents for the acquisition are attached. Please list the titles of the attached documents in the space below:
	The complete title insurance policy and report are attached. Please list the titles of the attached documents in the space below:
Certif	ication:

I hereby certify that the information provided is true and complete to the best of my knowledge.

Printed Name of Preparer

Title

Signature of Preparer

Date Signed