



TRIAL COURT OF MASSACHUSETTS

SUBSEQUENT TO REGISTRATION COMPLAINT COVER SHEET
(FOR USE IN ALL "S-CASES")

COURT USE ONLY

COURT DEPARTMENT
LAND COURT

COUNTY

CASE NAME
[In the matter of]

DOCKET NUMBER
-SBQ-
2-DIGIT YEAR PLAN NUMBER FILING MONTH SEQUENCE NUMBER

PART I – FILING REQUIREMENTS

1. Plan Number: _____ Other relevant references: _____
2. A complaint setting forth a description of the claim(s) along with supporting allegations (using Land Court forms where required).
3. All necessary supporting documentation and exhibits, as specified in the Registered Land Guidelines, Memoranda issued by the Land Court Chief Title Examiner, and any applicable forms.
4. An attested copy of the outstanding Certificate of Title **-or-** if the Certificate of Title has not been prepared, an attested copy of the deed(s) into the current owner(s) and an attested copy of the most recent prior Certificate of Title.
5. \$50.00 filing fee (Please make checks payable to either Land Court or Commonwealth of Massachusetts; Credit cards accepted only for in-person filing)

PART II – TYPE OF ACTION

Using the list below, place an "X" next to the main cause of action asserted in the complaint.

SAD	Subsequent Complaint for Certificate after Death
SAP	Subsequent Complaint for Approval of Plan
SCR	Subsequent Complaint for Correction of Records (REGISTRY USE ONLY)
SCV	Subsequent Complaint for Certificate after Divorce
SED	Subsequent Complaint after Eminent Domain Taking
SEM	Subsequent Complaint to Expunge Mortgage, Assignment, or other Document
SLV	Subsequent Complaint after Low Value Sale
SNT	Subsequent Complaint for New Certificate after Judgment of Tax Lien Foreclosure

SSS	Subsequent Complaint after Sheriff Sale
SVW	Subsequent Complaint for Voluntary Withdrawal Under G.L. Chapter 185, Sec. 52
SWD	Subsequent Complaint to Withdraw under G.L. Chapter 183 A, Sec. 16
SAT	Subsequent Complaint for Certificate after Termination of Trust
SCT	Subsequent Complaint Involving Trust (Other)
SAC	Subsequent Complaint to Amend and/or Cancel Certificate (Other)
SOT	Subsequent Complaint (Other, specify) _____ _____

NAME (FIRST, MIDDLE, LAST) B.B.O. NUMBER (IF APPLICABLE)

FIRM OR AGENCY NAME (IF APPLICABLE) OFFICE OR HOME PHONE NUMBER

MOBILE PHONE NUMBER

STREET ADDRESS APT/UNIT # FAX NUMBER

CITY/TOWN STATE ZIP CODE E-MAIL ADDRESS

DATED SIGNATURE
X