

APN# _____

Recording requested by:

Name: _____

Address: _____

City/State/Zip: _____

Mail tax statements to:

Name: _____

Address: _____

City/State/Zip: _____

Mail to, if different than above:

Name: _____

Address: _____

City/State/Zip: _____

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that this document submitted for recording does not contain any personal information and/or social security number of any person or persons (Per NRS 239B.030).

-OR-

I, the undersigned, hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law _____.

(State specific law)

Signature (Print name under signature)

Title

(Insert Title of Document Above)

Only use the following section if it applies to your document

This document is being **re-recorded** to _____

This document is being **recorded to correct document #** _____, and is correcting

This page added to provide additional information required by NRS 111.312 Sections 1-4.