

APN# _____

Recording Requested by:

Name: _____

Address: _____

City/State/Zip: _____

When Recorded Mail to:

Name: _____

Address: _____

City/State/Zip: _____

(for Recorder's use only)

Mail Tax Statement to:

Name: _____

Address: _____

City/State/Zip: _____

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: _____
(State specific law)

Signature

Title

Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)