

APN# _____

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Please complete Affirmation Statement below:

I the undersigned hereby affirm that this document submitted for recording does not contain the 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)

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(Insert Title of Document Above)

Only use the following section if one item applies to your document

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

-OR-

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.
(Additional recording fee applies)