

APN# \_\_\_\_\_

**Recording requested by:**

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**(Insert Title of Document Above)**

**Please complete Affirmation Statement below:**

I, the undersigned, hereby affirm that this document submitted for recording **does not** contain any personal information (defined in NRS 603A.040) 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 **does** contain the personal information and/or social security number of a person or persons as required by law:

\_\_\_ Affidavit of Death – NRS 440.380 (1)(A) & NRS 40.525(5)

\_\_\_ Judgment – NRS 17.150(4)

\_\_\_ Military Discharge – NRS 419.020(2)

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**Signature** (Print name under signature)

**Title**

**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

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