

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

**Recording requested by:**

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City/State/Zip: \_\_\_\_\_

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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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**Signature** (Print name under signature)

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\*\*\*\*\*

**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.  
(Additional recording fee applies)