

APN# _____

Recording Requested By:

Name _____

Address _____

City/State/Zip _____

Mail Tax Statement to:

Name _____

Address _____

City/State/Zip: _____

Please complete Affirmation Statement below IF there is any Personal Information as defined by NRS 603A.040 on the document.

I the undersigned hereby affirm that this document submitted for recording contains the personal information 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 one item applies to your document

This document is being re-recorded to

OR

This document is being recorded to **amend** document # _____ to correct

If **legal description** is a metes & bounds description you are **required to furnish** the following information:

Legal Description obtained from _____ (Document Title), Book _____
Page _____ Document # _____ recorded _____ (date) in the Churchill County
Recorders office.

OR

If Surveyor, please provide name and address.

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

(Additional recording fee applies)

