

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

**Recording Requested by/Mail to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Mail Tax Statements to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
**Title of Document** (required)

**Please complete the Affirmation Statement below:**

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

\_\_\_ **Affidavit of Death** – NRS 440.380 (1)(A) & NRS 40.525 (5) \_\_\_ **Military Discharge** – NRS 419.020 (2)  
\_\_\_ **Other NRS** \_\_\_\_\_ (state specific law)

**-OR-**

\_\_\_ I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted  
for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_

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