

Assessor's Parcel Number (APN): _____

FOR RECORDING
STAMP

Recording Requested By/Mail To:

Name: _____

DO NOT WRITE IN
THIS AREA

Address: _____

City, State, Zip Code: _____

Restrictive Covenant Modification Form

The following reference document contains a restriction based on race, color, religion, ancestry, national origin, disability, familial status, sex, sexual orientation or gender identity or expression, that violates state and federal fair housing laws and is void and unenforceable by operation of law. Pursuant to NRS 111.237, this document is being recorded solely for the purpose of redacting and eliminating that restrictive covenant as shown on page(s) _____ of the document recorded on _____ (date) in Book _____ and Page _____ or Instrument Number _____ of the official records of the County of _____, State of Nevada. Attached hereto is a true, correct, and complete copy of the document referenced above with the unlawful restrictive covenant to be redacted pursuant to NRS 111.237.

This modification document shall be indexed in the same manner as the original document being modified.

The effective date of the terms and conditions of the modification document shall be the same as the effective date of the original document.

In witness, whereof, I have hereunto set my hand this _____ day of _____, 20_____

Signature

Printed name

STATE OF NEVADA, COUNTY OF _____ This instrument was
acknowledged before me on _____.
(Date)

By _____
(Person appearing before notary)

Notary Seal

Signature of notarial officer