

APN# _____

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Title of Document (required)

Document # _____ **is being (re-)recorded to correct;**

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)
- ___ Judgment – NRS 17.150(4)
- ___ Military Discharge- NRS 419.020(2)

Signature

Printed Name