

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

**Recording Requested by:**

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

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

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

**Mail Tax Statements to:**

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

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

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

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**Title of Document  
(Required Field)**

**The Undersigned Hereby Affirms That This Document Submitted For Recording  
Contains Personal Information As Required By Law: (check applicable)**

\_\_\_ **Affidavit of Death – NRS 440.380 (1)(A) and NRS 40.525 (5)**

\_\_\_ **Judgment – NRS 17.150 (4)**

\_\_\_ **Military Discharge – NRS 419.020 Sec. (2)**

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**Signature**

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**Print Name**

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**Capacity**

**If there is no applicable State or Federal Law, Personal Information must be  
removed prior to recording.**