

APN# _____

Recording Requested by:

Name: _____

Address: _____

City/State/Zip: _____

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Title of Document

(Required Field)

FILL IN ALL THAT APPLY:

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

Specify Law*

Signature

Specify Law*

Print Name

Title

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

If this document is a re-record or correction, fill out below:

Correcting Document#: _____ Amending: _____

Reason for re-record:

(For Re-records, all pages from original document must be included, \$25 Non-conforming Fee may apply)

If legal description is in metes & bounds, indicate where it was obtained:

_____ (Document Title), Book _____ Page _____or

Document # _____ recorded _____(date) in the

Lyon County Recorder's Office.

-OR-

If prepared by a surveyor, provide name and address:

"Personal information" means a natural person's first name or first initial and last name in combination with any one or more of the following data elements:

1. Social security number.
2. Driver's license number or identification card number.
3. Account number, credit card number or debit card number, in combination with any required security code, access code or password .