

DECLARATION OF REMOVAL OF DISCRIMINATORY RESTRICTION

FOR RECORDING
STAMP

Assessor's Parcel Number (APN): _____

Recording Requested by and Mail to:

Name: _____

Address: _____

City/State/Zip: _____

DO NOT WRITE IN
THIS AREA

Name on Title of Property:

Mailing address:

Legal Description of the real property as provided in the original written instrument:

Identifying information concerning the original written instrument for exclusion pursuant to NRS 111.237 Including document and/or book and page number.

(1) The referenced original written instrument contains discriminatory restrictions that are void and unenforceable pursuant to NRS 111.237. This declaration removes from the referenced original instrument all provisions that are void and unenforceable pursuant to NRS 111.237 and is valid solely for that purpose; and
(2) All persons in this State shall have an equal opportunity to inherit, purchase, lease, rent, sell, hold and convey real property without discrimination, distinction or restriction because of race, color, religion, ancestry, national origin, disability, familial status, sex, sexual orientation or gender identity or expression pursuant to chapter 118 of NRS.

In witness, Whereof, I/we have hereunto set my hand/our hands this _____ day of _____, 20____

Signature

Signature

Print or type name here

Print or type name here

STATE OF NEVADA, COUNTY OF _____ This instrument was acknowledged before me on _____

(date)

Notary Seal

By _____
Person(s) appearing before notary

By _____
Person(s) appearing before notary

Signature of notarial officer