

**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 \_\_\_\_\_  
before me on \_\_\_\_\_  
(date)

This instrument was acknowledged

Notary Seal

By \_\_\_\_\_  
Person(s) appearing before notary

By \_\_\_\_\_  
Person(s) appearing before notary

\_\_\_\_\_  
Signature of notarial officer