

**RECORDED DOCUMENT OWNER'S RELEASE OF CONFIDENTIAL DOCUMENT  
FORM**

This sworn statement made under oath, pursuant to NRS Chapter 247, authorizes the Clark County Recorder's Office to release the documents identified in the following instrument number(s):

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To the following companies, government agencies, or individuals:

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With a mailing address of:

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This authorization will remain in effect from \_\_\_\_\_ to \_\_\_\_\_ or up to three months from signing date.

I understand that by signing this Release Authorization Form, I am authorizing the Recorder's Office to release to the above-named company, agency or individual, the document(s) identified above that would be considered confidential and not otherwise be available to them pursuant to NRS Chapter 247 and the applicable court order.

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(Signature)

(Phone Number)

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(Print or Type Name Here)

Notary Acknowledgment Statement

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Signed and sworn to (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_ (*name of person(s) making statement*).

\_\_\_\_\_, Notary Public.

(*Signature of notarial officer*)