



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Dustin Urton

Address: PO Box 110

City/State/Zip: Smith NV 89430

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Rest of Release of Fed tax lien

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

\$1.00 Additional Recording Fee for Use of This Page

