

APN# 1420-28-118-011



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: RANDALL E REID

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City/State/Zip: RENO NV 89571

Mail Tax Statements to:

Name: _____

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RELEASE OF 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

