

APN: 1220-22-210-164



KAREN ELLISON, RECORDER

**RECORDING REQUESTED BY:**

Name: ~~FOR THE PEOPLE~~ Frank & Rose Magary  
Address: 6405-2 S. Virginia Street 655 Bowles Lane  
City/State/Zip: Reno, NV 89511 Gardnerville, NV 89460

**WHEN RECORDED MAIL TO GRANTOR I/C/O:**

Name: FRANK AND ROSE MAGARY  
Address: 655 Bowles Lane  
City/State/Zip: Gardnerville, NV 89460

**MAIL TAX STATEMENT TO:**

Name: FRANK AND ROSE MAGARY  
Address: 655 Bowles Lane  
City/State/Zip: Gardnerville, NV 89460

**HOMESTEAD**

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law:

\_\_\_\_\_  
(State specific law)

Signature

\_\_\_\_\_  
GRANTOR  
Title

FRANK MAGARY  
Print Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black in.  
(Additional recording fee applies.)

