

**DECLARATION OF REMOVAL OF DISCRIMINATORY RESTRICTION**

Assessor's Parcel Number (APN): \_\_\_\_\_

Recording Requested by and Mail to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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 \_\_\_\_\_ This instrument was acknowledged before me on \_\_\_\_\_ (date) \_\_\_\_\_ Notary Seal

By \_\_\_\_\_

Person(s) appearing before notary

By \_\_\_\_\_

Person(s) appearing before notary

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

**CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM FITS YOUR PURPOSE. FORM 655 – 8/16/19**