**APN:**

**RECORDING REQUESTED BY**

**AND WHEN RECORDED MAIL TO:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned affirms that this document

does not contain the personal information of

any party.

**CERTIFICATE OF ASSIGNMENT OF PROPERTY TAX LIEN**

STATE OF NEVADA )

) ss.

COUNTY OF [COUNTY NAME] )

|  |  |
| --- | --- |
| Date of Certificate: |  |

This certificate is made regarding the following real property:

|  |  |
| --- | --- |
| Property Owner Name: |  |
| Assessor’s Parcel Number (APN): |  |
| Street Address: |  |
| Legal Description: |  |
| Name of Assignee: |  |
| Address of Assignee: |  |

I, [TREASURER’S NAME], Treasurer for [COUNTY NAME] County, hereby certify that [ASSIGNEE’S NAME] (“Assignee”) has paid the amounts listed below for the assignment of the property tax lien(s) on the subject property described above. I have received copies of the Property Owner’s Affidavit Authorizing Tax Lien Assignment, the agreement between the Property Owner and Assignee, and Assignee’s Affidavit of Bond Compliance or Affidavit of Exemption from Bond Compliance, as applicable, all of which are attached hereto and incorporated herein as exhibits.

|  |  |  |
| --- | --- | --- |
| 1 | Fiscal Years for which tax liens are assigned |  |
| 2 | Full Amount of property taxes assessed and delinquent for any preceding year, other than the current fiscal year | $ |
| 3 | Full amount of property taxes assessed for the current year | $ |
| 4 | Any other amount due pursuant to NRS 361.570 | $ |
| 5 | Amount of any applicable penalties, interest, fees and costs | $ |
| 6 | Total for lines 2, 3, 4, and 5 | $ |

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In consideration of the receipt of said amount itemized on Line 6, I hereby assign and transfer to Assignee all rights, title, and interest in the property tax lien(s) for the fiscal years listed on Line 1 on the subject property in accordance with NRS §361.731 to 361.733, inclusive, as of the date first listed above.

TREASURER’S NAME

County Treasurer

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Treasurer or Deputy Treasurer of [County Name] County.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEAL OF OFFICE:

NOTARY PUBLIC

State of Nevada

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