

APN:

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

The undersigned affirms that this document does not contain the personal information of any party.

AFFIDAVIT OF BOND POSTING COMPLIANCE

STATE OF NEVADA)
) ss.
COUNTY OF [COUNTY NAME])

Before me, the undersigned notary, on this day personally appeared [NAME OF EMPLOYEE OR REPRESENTATIVE AFFIANT], known to me to be the person(s) whose name(s) is subscribed below, and being duly sworn, upon oath deposed and stated as follows:

“My name is [AFFIANT]. I am of sound mind, capable of making this affidavit and make the statements herein based upon personal knowledge of those account records maintained on petitioner’s behalf.”

“I am employed as [JOB TITLE] and have access to pertinent account records of [NAME OF TAX LIEN ASSIGNEE], who is the Assignee listed in the Affidavit Authorizing Tax Lien Assignment for property with APN # [APN], dated [DATE OF AFFIDAVIT OF AUTHORIZATION].

The contact information for the Assignee is as follows:

Name of Assignee	
Address of Assignee	
Electronic Mailing Address of Assignee	
Daytime Telephone Number of Assignee	

The records of [ASSIGNEE] show that in compliance with NRS § 361.7312, [ASSIGNEE] has posted and maintains a bond as required by NRS § 361.7314 in the amount of \$500,000.00 to indemnify any real property owner in the State of Nevada with respect to tax liens assigned to [ASSIGNEE] if a real property owner is determined to have suffered damage as a result of [ASSIGNEE’s] wrongful failure or refusal to perform its contractual obligations.

Attached hereto is a true and correct copy of the [NAME OF DOCUMENT EVIDENCING BOND] and the annual statement most recently filed with the Secretary of State pursuant to NRS 361.7314. This record is kept by [ASSIGNEE] in the regular course of business, and it was the regular course of business of [ASSIGNEE] for a person with knowledge of the act, event, condition, opinion, or diagnosis that was recorded to make this record or to transmit the information included in this record. The document attached to this affidavit is the original or a true and correct duplicate of the original, being a reproduction from the records on file on behalf of [ASSIGNEE] based on my review.”

[ASSIGNEE]

BY: [AFFIANT’S TYPED NAME]

TITLE: [AFFIANT’S TITLE]

REPRESENTATIVE CAPACITY (IF APPLICABLE)

This instrument was acknowledged before me on the ____ day of _____, 20____ by [AFFIANT] of [ASSIGNEE].

NOTARY PUBLIC
State of Nevada

SEAL OF OFFICE: