**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.

**AFFIDAVIT AUTHORIZING TAX LIEN ASSIGNMENT**

STATE OF NEVADA )

) ss.

COUNTY OF [COUNTY NAME] )

Before me, the undersigned notary, on this day personally appeared [PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE], 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(s) is [PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE/ASSIGNOR]. I am the owner or authorized agent designated to respond to any inquiry from the county treasurer or receive any notice given by the county treasurer. My contact information is as follows:

|  |  |  |
| --- | --- | --- |
| 1 | Address of Property Owner |  |
| 2 | Electronic Mailing Address |  |
| 3 | Daytime Telephone Number |  |

I am over 18 years of age and am capable of making this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct. I, or the entity I am authorized to act on behalf of, own the real property described as follows:

|  |  |  |
| --- | --- | --- |
| 4 | Assessor’s Parcel Number (APN): |  |
| 5 | Legal Description *(If Metes and Bounds Legal Description, you must include the name and address of the person or entity who prepared the legal description. If the description requires more space than provided, attach the description and mark it as “Exhibit A”.)* | *“See Attached Exhibit A”* |
| 6 | Street Address: |  |

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I hereby affirm that neither the property nor the Affiant is the subject of a pending proceeding in bankruptcy.

Each owner of the property has joined in this Affidavit and the separate written agreement required by NRS 361.7311. Pursuant to NRS § 361.731 to 361.733, I hereby authorize:

|  |  |  |
| --- | --- | --- |
| 7 | Name of Assignee |  |
| 8 | Address of Assignee |  |
| 9 | Assignee Electronic Mailing Address |  |
| 10 | Assignee Daytime Telephone Number |  |

to pay all delinquent taxes assessed and owed for any preceding tax year (Line 11); the total amount of taxes assessed against the property for the current tax year, if any installment for the current tax year has not been paid (Line 14); and any other amount required to be paid pursuant to NRS 361.570(4) (Line 16) on the real property described above, including all penalties, interest, fees, and costs (Line 17) imposed by any and all local taxing entities or their agents, for the tax year(s) listed below (Lines 12 and 15).

|  |  |  |
| --- | --- | --- |
| 11 | Full Amount of property taxes assessed and delinquent for any preceding year, other than the current fiscal year | $ |
| 12 | List the years for which taxes are delinquent |  |
| 13 | Is any installment for the current year unpaid? *(Yes or No)* |  |
| 14 | If you answered yes to Question 6, list the full amount of property taxes assessed for the current year. | $ |
| 15 | List the fiscal year and quarters for which current year installments remain unpaid *(i.e., FY 14, 1st Q)* |  |
| 16 | Any other amount due pursuant to NRS 361.570 | $ |
| 17 | Amount of any applicable penalties, interest, fees and costs | $ |
| 18 | Total for lines 11, 14, 16, and 17 | $ |

I further authorize the county treasurer to certify that Assignee has tendered payment for all delinquent taxes and current year taxes if any installment is unpaid, penalties, interest, fees, and costs on the subject property on behalf of the owner and to assign the tax lien on the subject property to Assignee.

I have attached the following information to this Affidavit of Authorization:

*Check if Applicable*

|  |  |  |
| --- | --- | --- |
| 19 | Exhibit A – Legal Description of Property |  |
| 20 | Signature Page for Additional Co-owners |  |
| 21 | Power of Attorney or Agent Authorization for Owner Representative |  |
| 22 | Copy of separate written agreement required by NRS 361.7311. |  |

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

Signature of Property Owner or Representative Print or Type Name

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

Title Date

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

Signature of Co-owner Print or Type Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Title Date

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This instrument was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ by [PROPERTY OWNER NAME].

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

NOTARY PUBLIC

State of Nevada

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