

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT TO:

NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

RESTRICTIVE COVENANT MODIFICATION
Record with Stanislaus County Recorder
(RACIAL OR OTHERWISE UNLAWFULLY RESTRICTIVE COVENANT MODIFICATION)

I (we) _____ have an ownership interest of record in the property located at the address listed below:

The following referenced document contains a restriction based on race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, genetic information, marital status, national origin, ancestry, familial status, source of income, disability, Veteran and Military Status as defined in GC §12955(p) that violated state and federal fair housing laws and that restriction is void. Pursuant to GC §12956.2 this document is being recorded solely for the purpose of eliminating that restrictive covenant as shown on pages(s) _____ of the document recorded on _____(date) in book _____ and page _____, or instrument number _____ of the official records of the County of Stanislaus.

The document referenced above was originally indexed in the following manner and this document shall be indexed in like manner pursuant to GC §12956.2(e):

The effective date of the terms and conditions of this modification document shall be the same as the effective date of the original document referenced above.

Signature: _____
Printed Name: _____

Signature: _____
Printed Name: _____

Approved as to form:
Stanislaus County Counsel _____
By: Deputy County Counsel Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

STATE OF: _____ COUNTY OF: _____

On _____ before me, _____
(Date) (Name and title of the officer)

Personally appeared _____, (name of person signing) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the law of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary / Officer