

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

NAME

ADDRESS

CITY, STATE
& ZIP CODE

RESTRICTIVE COVENANT MODIFICATION

(RACIAL OR OTHERWISE UNLAWFULLY RESTRICTIVE COVENANT MODIFICATION)

The following referenced document contains a restriction based on age, race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, familial status, marital status, disability, veteran or military status, genetic information, national origin, source of income as defined in subdivision (p) of Government Code § 12955, or ancestry that violates state and federal fair housing laws and that restriction is void.

Pursuant to Section 12956.2 of the Government Code, this document is being recorded solely for the purpose of redacting and eliminating that restrictive covenant as shown on page(s) _____ of the document recorded on _____ (date) in Book _____ Page _____ or as Instrument Number _____ of the Official Records of the County of Madera, State of California related to the following property:

APN: _____ Property Address: _____

Attached hereto is a true, correct, and complete copy of the document referenced above, with the unlawful restrictive covenant redacted. This modification document shall be indexed in the same manner as the original document pursuant to subdivision (d) of Section 12956 of the Government Code. 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.

Printed Name & Title of Requesting Party

Signature of Requesting Party

Madera County Counsel, or their designee, pursuant to paragraph (1) of subdivision (b) of Section 12956.2 of the Government Code, hereby states that it has determined that the original document referenced above contains an unlawful restriction and this modification may be recorded.

OR

Madera County Counsel, or their designee, pursuant to paragraph (1) of subdivision (b) of Section 12956.2 of the Government Code, finds that the original document does not contain an unlawful restriction, or the modification document contains modifications not authorized, and this modification may not be recorded.

Reviewed:

By: _____

Date: _____

Deputy County Counsel, or Designee