

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

NAME

ADDRESS

CITY, STATE
& ZIP CODE

APN:

**RESTRICTIVE COVENANT MODIFICATION
(AFFORDABLE HOUSING CIV. 714.6)**

The following referenced document contains a restriction or private limit that restricts the number, size, or location of the residences that may be built on the affected property, or that restricts the number of persons or families who may reside on the property and shall not be enforceable against the owner of an affordable housing development.

Pursuant to Govt. Code Section 12956.2 and Civil Code Section 714.6, this document is being recorded solely for the purpose of redacting and eliminating that restrictive covenant (language) as shown on page(s) _____ of the document recorded on _____ (date) in Book _____ and Page _____ or Instrument Number _____ of the Official Records of the County of Madera, State of California.

Attached hereto is a true, correct and complete copy of the document referenced above, with the unlawful restrictive covenant (language) 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.

SIGNATURE OF AFFORDABLE HOUSING
DEVELOPER

PRINTED NAME/TITLE OF AFFORDABLE HOUSING
DEVELOPER

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: _____
County Counsel or Designee

Date: _____

ACKNOWLEDGMENT

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 California
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
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 laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)