

**STATE OF NEVADA
FORECLOSURE MEDIATION PROGRAM
AFFIDAVIT OF CERTIFICATION OF DOCUMENTS
(One Affidavit per Certification)**

ASSESSOR PARCEL NUMBER (APN) _____		TS # _____
Homeowner's Last Name _____		Loan # _____
Homeowner's First Name _____		DoT Doc # _____
Co-Owner's Last Name _____	Co-Owner's First Name _____	Book # _____ Page # _____
Property Address _____		Inst # _____
County in which Property is located _____		

STATE OF _____)
COUNTY OF _____)

I, _____, being first duly sworn, declare that the statements below are true:

1. My name is _____ and my address is _____
2. I am employed by _____ and am executing this statement in the following capacity and with the following authority:
Capacity: _____ Authority: _____
3. I am in actual possession of the original document of the following (Please check only one):
 - Mortgage Note
 - Deed Of Trust
 - Assignment of the Deed of Trust
 - Assignment or Endorsement of the Mortgage Note
4. I presented the original document in my possession to the notary. The attached copy is a true and correct copy of the original document in my possession pursuant to NRS 240.1655(2)(a).

DATED: _____

Signature of person taking oath

Company Name

The affiant _____ has personally appeared before me. Based on personal knowledge or satisfactory evidence, the affiant is the person named in this document and signed the document in my presence. The affiant swears that the statements in this affidavit are true and that he/she is in possession of the original of the _____.

I have photocopied the entire document and certify the photocopy is a true and correct copy of the document presented to the notarial officer pursuant to NRS 240.1655(2)(c).

Signed and sworn to before me on _____ (date) by _____ (name of person taking oath or affirmation of office). Executed at _____ (address where signed).

(Stamp) _____
(Signature of notarial officer)