Recording Requested By/Mail To:

Name: _____

Address: _____

City, State, Zip Code: _____

Declaration of Restrictive Covenant Modification Form

This Declaration of Restrictive Covenant Modification, made the _____ day of _____, 20____, by _____, residing at _____, as Declarant.

IDENTIFYING INFORMATION

Declarant is:

- ☐ Seller of certain real property known as described below and in the attached document
- ☐ Holder of an ownership interest in certain real property described below and in the attached document
- ☐ Authorized representative of the board of managers of a condominium, the board of directors of a cooperative apartment corporation or a homeowners association if the real property described below and in the attached document is subject to rules and regulations of such an association

DOCUMENT:

Type: _____

Recorded on: _____ (date) at Instrument No.: _____

Liber: _____ and Page: _____ of the official records of the County of Nassau, State of New York.

LEGAL DESCRIPTION OF THE PROPERTY:

Section: _____

Block: _____

Lot: _____

Unit: _____

WHEREAS, the above-referenced document contains a restriction based on race, color, religion, sex, sexual orientation, familial status, marital status, disability, national origin, source of income, or ancestry and is void and unenforceable by operation of law. Pursuant to New York Real Property Law 327-a, this document is being recorded solely for the purpose of redacting and eliminating that restrictive covenant as shown on page(s) _____ of said document. Attached hereto is a true, correct, and complete copy of the document referenced above with the unlawful restrictive covenant redacted pursuant to New York Real Property Law 327-a.

This modification document shall be indexed in the same manner as the original document being modified and shall be cross-referenced to the original document.

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

I hereby affirm this _____ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true.

_____
Signature

_____
Printed Name

THE STATE OF NEW YORK

COUNTY OF _____

On the day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
Notary Public Signature

_____
Printed Name

My commission expires: _____