

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:  
NAME

MAILING ADDRESS

CITY, STATE and ZIP CODE

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

**RESTRICTIVE COVENANT MODIFICATION**

I (We) \_\_\_\_\_ have an ownership interest of record in the property located at \_\_\_\_\_ that is covered by the document described below.

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

Pursuant to Section 12956.2 of the Government Code, this document is being recorded solely for the purpose of eliminating a restrictive covenant as shown on page(s) \_\_\_\_\_ of the document recorded on \_\_\_\_\_ (date) in book \_\_\_\_\_ and page \_\_\_\_\_, or as instrument number \_\_\_\_\_ of the Official Records of the County of Modoc. Attached hereto is a complete copy of the original document containing the unlawfully restrictive language with the unlawful language stricken through.

This modification document shall be indexed in the same manner as the original document pursuant to Government Code Section 12956.2(c).

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.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Printed Name:

Printed Name:

[NOTARY ACKNOWLEDGMENT REQUIRED]

Approved:  
Modoc County Council

\_\_\_\_\_  
Date: \_\_\_\_\_

By:  
Deputy County Counsel