



**REVERSION TO ACREAGE
CITY OF YERINGTON
227 S. MAIN STREET
YERINGTON, NV 89447
(775) 463-2729**

Owner: _____ Applicant: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Telephone: _____ Telephone: _____

LEGAL DESCRIPTION OF PROPERTY

Assessor's Parcel Number: _____

If within a subdivision, Name: _____ Lot _____ Block _____

Section _____ Township _____ Range _____ MDB&M.

REQUIRED ITEMS FOR APPLICATION

1. Map of proposed reversion which contains the same survey dimensions as recorded on the subdivision map, parcel map or map of division into larger parcels.
2. List Containing Names and Addresses of Abutting Property Owners: (City staff will procure this list.)
3. Utility Statements for abandonment.
4. Application Fee: The fee shall be \$250.00 payable at the time of filing application. Legal Description: Please attach a detailed metes and bounds description of subject property.
5. Property Tax: Showing taxes are paid current on subject property.

OWNER'S CERTIFICATE

I _____, Owner in fee of the described property, state that this application for Reversion to Acreage has been made with my full knowledge and consent and the facts stated above are true to the best of my knowledge.

Signature of Owner

State of _____)

County of _____)

On the ____ day of _____, 20__ personally appeared before me
_____ a Notary Public, _____
(Name of Notary)
_____ who acknowledged that he executed the above instrument.

Notary Public Seal:

APPLICANT'S CERTIFICATE

All the facts as stated herein are correct to the best of my knowledge and belief.

Signature of Applicant

State of _____)

County of _____)

On the ____ day of _____, 20__ personally appeared before me
_____ a Notary Public, _____
(Name of Notary)
_____ who acknowledged that he executed the above instrument.

Notary Public Seal:

**LIST OF NAMES AND ADDRESSES OF PROPERTY OWNERS OF ABUTTING
PROPERTY OWNERS:**

AFFIDAVIT

PROPERTY TAX:

I, _____, hereby
certify that all required property taxes are currently paid on Assessor's Parcel
Number(s):

- _____
- _____
- _____
- _____
- _____
- _____

Per Computer Per Telephone Call

Dated this _____ day of _____, 20_____.

Deputy City Clerk