

PLEASE COMPLETE THIS INFORMATION  
RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

THIS SPACE FOR RECORDER'S USE ONLY

Street Address:  
APN:

**RESTRICTIVE COVENANT MODIFICATION**  
(RACIAL OR OTHERWISE UNLAWFULLY 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, marital status, national origin, ancestry, familial status, source of income, disability, veteran or military status, or genetic information as defined in subdivision (p) of Section 12955, or ancestry that violates state and federal fair housing laws 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 that restrictive covenant as shown on page(s) \_\_\_\_\_ of the document recorded on \_\_\_\_\_ (date) in Book \_\_\_\_\_ of the official records of the County of \_\_\_\_\_.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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)

The San Francisco City Attorney's Office, pursuant to Government Code Section 12956.2, hereby states that it has been determined that the original document Does  Does Not  contain an unlawful restriction.

San Francisco City Attorney's Office

BY:

\_\_\_\_\_  
Deputy City Attorney

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