

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT TO:

NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

RESTRICTIVE COVENANT MODIFICATION

(RACIAL OR OTHERWISE UNLAWFULLY RESTRICTIVE COVENANT MODIFICATION)

I (we) _____ have an ownership interest of record in the real property located at the following address:

which is covered by the recorded document described below. The following referenced document contains one or more restrictions based on race, color, religion, sex, gender, gender identity, gender expression, genetic information, sexual orientation, marital status, national origin, ancestry, familial status, disability, veteran or military status, or source of income (as "source of income" is defined in subdivision (p) (1) of Section 12955) that violates state and federal fair housing laws and such restriction(s) is (are) void. Pursuant to Section 12956.2 of the California Government Code, this document is being recorded solely for the purpose of eliminating that restrictive covenant (or those restrictive covenants) 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 Santa Barbara.

The document referenced above was originally indexed in the following manner and this document shall be indexed in like manner pursuant to Section 12956.2, subdivision (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: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Approved as to form:

Santa Barbara County Counsel Signature: _____

Date: _____

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 _____

COUNTY OF _____

On _____ before me, _____, (Date) (Name and title of the officer)

personally appeared _____, who proved to me on the basis of (Name of person signing)

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 of officer

(Seal)