

OFFICIAL RECORD

Requested By:

NEVADA/STATE OF TAXATION

DEPT

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 2 Fee: 0.00
BK-0610 PG-1468 RPTT: 0.00



APN# NA

CARRIER # 39153

Recording Requested By:

Name: Department of Motor Vehicle
Motor Carrier - Revenue

Address: 55 Wright Way
City/State/Zip: Carson City, NV 89711

When Recorded Mail to:

Name: Department of Motor Vehicle
Motor Carrier - Revenue

Address: 55 Wright Way
City/State/Zip: Carson City, NV 89711

Mail Tax Statement to:

Name: _____
Address: _____
City/State/Zip: _____

CERTIFICATE OF TAX, FEE OR ASSESSMENT DUE

(Title of Document)

Please complete Affirmation Statement Below:

I the undersigned herby affirm that the attached document, including any exhibits, herby submitted for recording does not contain the personal information of any person or person. (Per NRS 239B.030

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, herby submitted for recording does contain the personal information of a person or persons as required by law:

(State specific law)

Cara O'Keefe
Signature

Revenue Officer II
Title

Cara O'Keefe, Revenue Officer II

Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink. (Additional recording fee applies)

