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APN# 1318-25-111-017

DOUGLAS COUNTY, NV **2014-850504**

Rec:\$15.00

10/08/2014 09:22 AM

Total:\$15.00

LEVERTY & ASSOCIATES LAW

Pgs=2

Recording Requested by:

Name: Leverty & Associates Law

Address: 832 Willow St.

City/State/Zip: Reno, NV 89502



0000769201408505040020024

KAREN ELLISON, RECORDER

When Recorded Mail to:

Name: Leverty & Associates Law

Address: 832 Willow St.

City/State/Zip: Reno, NV 89502

(for Recorder's use only)

DISCHARGE

(Title of Document)

Please complete Affirmation Statement below:

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

-OR-

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

(State specific law)

Jess Rinehart
Signature

Title

Jess Rinehart
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)

APN 1318-25-111-017
After recording return to
Leverty & Associates Law, Chtd.
832 Willow Street
Reno, NV 89502

DISCHARGE

KNOWN ALL MEN BY THESE PRESENTS, that **ATHENA MEDICAL GROUP, INC., DEFINED MEDICAL BENEFIT PENSION PLAN TRUST CHTD.**, Beneficiary, does hereby certify that a certain **Deed of Trust with Assignment of Rents** made and executed by Ray W. Exley, M.D., Borrower, on the 8th day of May, 2014, and recorded bearing the date of the 21st day of May, 2014, in the State of Nevada, County of Douglas, bearing document number 0842993, is null and void and without value, and forever satisfied and discharged.

ATHENA MEDICAL GROUP, INC., DEFINED
MEDICAL BENEFIT PENSION PLAN
TRUST CHTD.

By: *Juliana Loza*
Juliana Loza, Trustee Athena Retirement Trust
President & CEO, Athena Medical Group,
Inc.

Witness

By: *[Signature]*

Print

Name: *Ingrid van Vuering*

STATE OF CALIFORNIA)
) ss
COUNTY OF LOS ANGELES)

On this 22nd day of SEP, 2014, before me a Notary Public, personally appeared Juliana Loza and personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

[Signature]

Notary Public, State of California

