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KAREN ELLISON, RECORDER

APN# _____

Recording requested by:

Name: Douglas County Recorder
Address: _____
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Mail tax statements to:

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Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B.030).

-OR-

I, the undersigned, hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law _____.

(State specific law)

Karen Ellison
Signature (Print name under signature)

4/16/2015
Title

OATH

(Insert Title of Document Above)

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This page added to provide additional information required by NRS 111.312 Sections 1-4.
(Additional recording fee applies)



Douglas County Recorder's Office

Karen Ellison, Recorder

http://recorder.co.douglas.nv.us

kellison@co.douglas.nv.us

(775) 782-9027

April 16, 2015

I hereby appoint JODI STOVALL to the position of Deputy Recorder, effective this date until revoked by me.

Karen Ellison

Karen Ellison

Douglas County Recorder

State of Nevada }

County of Douglas }

I, JODI STOVALL do solemnly swear that I will support, protect and defend the constitution and Government of the United States, and the Constitution and Government of the State of Nevada, against all enemies, whether domestic or foreign, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution, or law of any State of Convention or Legislature, to the contrary notwithstanding; and further that I do this with a full determination, pledge and purpose, without any mental reservation or evasion whatsoever. And further that I will well and faithfully perform all the duties of the office of Deputy Recorder on which I am about to enter. So help me God.

Jodi Stovall

Jodi Stovall

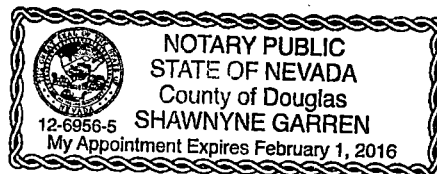
Subscribed and sworn to before me this

16 Day of April, A.D. 2015

by Jodi Odette Stovall

Shawnyne Garren

Notary



MAILING ADDRESS: P.O. Box 218, Minden, Nevada 89423

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