

M/K

APN# _____

Recording Requested by/Mail to:

Name: DC/Sheriff

Address: _____

City/State/Zip: _____

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____



00020261201508678780020023

KAREN ELLISON, RECORDER

Appointment of Death

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Printed Name

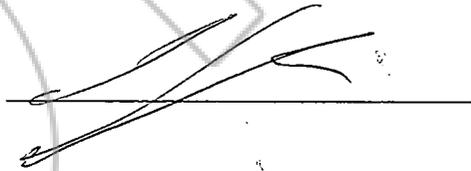
This document is being (re-)recorded to correct document # _____, and is correcting

STATE OF NEVADA
COUNTY OF DOUGLAS } ss

I, Ignatius Kyeremeh

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 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 Sheriff on which I am about to enter.

So help me God.



Subscribed and sworn to before me this

10th day of August 2015

