

N/A

APN# _____

Recording Requested by/Mail to:

Name: Ken Budden

Address: Dc District Attorney

City/State/Zip: _____



KAREN ELLISON, RECORDER

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Revocation

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



OFFICE OF THE DISTRICT ATTORNEY
DOUGLAS COUNTY

Mark B. Jackson
District Attorney

MEMORANDUM

TO: WHOM IT MAY CONCERN
FROM: MARK B. JACKSON, DISTRICT ATTORNEY
DATE: AUGUST 24, 2015
RE: REVOCATION OF APPOINTMENT

The Appointment of Justina Caviglia issued March 15, 2007 is hereby revoked.