



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: RO ANDERSON ENGINEERING, INC.

Address: 1603 ESMERALDA AVENUE

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

AFFIDAVIT

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

\$1.00 Additional Recording Fee for Use of This Page

AFFIDAVIT OF IDENTITY - INDIVIDUAL

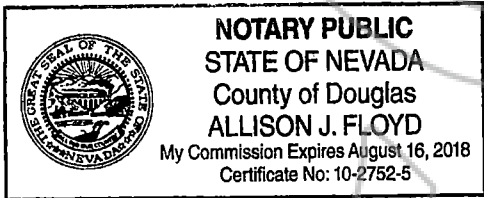
State of Nevada)
)
)
County of Douglas)

Affiant, Robert D. Hellwinkel, being first duly sworn on his/her oath, states
that (s)he is familiar with D.F. Hellwinkel and acknowledges that (s)he
is one in the same person as Donald F. Hellwinkel, who is also known as
Donald Hellwinkel and C.O.D. Garage Company.

Robert D. Hellwinkel
Affiant Signature before Notary Public

This instrument was acknowledged before me on November 17, 2015
by Robert D. Hellwinkel.
Date
Name of Person(s)

Allison J. Floyd
Signature of notarial officer



My commission expires:
August 16, 2018
Month, Day, Year

Notary Stamp