

DOUGLAS COUNTY, NV

This is a no fee document

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DC/DISTRICT ATTORNEY

Pgs=2

APN#	
Recording Requested by/Mail to:	KAREN ELLISON, RECORDER
Douglas County District Attorney Name:	\ \
1038 Buckeye Road Address:	\ \
City/State/Zip:Minden, Nevada 89423	
Mail Tax Statements to:	
Name:	
Address:	
City/State/Zip:	
C	ATH
Title of D	ocument (required)
(Only t	use if applicable)
The undersigned hereby affirms	that the document submitted for recording
contains personal informatio	n as required by law: (check applicable)
Affidavit of Death -	- NRS 440.380(1)(A) & NRS 40.525(5)
Judgment – NRS 17	7.150(4)
Military Discharge -	- NRS 419.020(2)
	//
Signature	

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

Printed Name

OATH OF OFFICE

I, Carey Rosser, do solemnly swear that I will support, protect and defend the Constitution and Government of the United States of America and the Constitution and Government of the State of Nevada against all enemies, whether foreign or domestic, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution or law of the State notwithstanding, and that I will well and faithfully perform all the duties of the office of Deputy District Attorney of which I am about to enter; so help me God.

Carey Rosser

SUBSCRIBED and SWORN to before me

by Carey Rosser, this day of

May, 2017.

BY: 7 INT