

APN# _____

Recording Requested by/Mail to:

Name: Bobbie Williams

Address: PO Box 218

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____



00076377201809168460020021

KAREN ELLISON, RECORDER

Oath (Kelly Mancha)

Title of Document (required)

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

The undersigned hereby affirms that the document submitted for recording
DOES contain 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

Bobbie Williams

Printed Name

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


STATE OF NEVADA)
)ss.
COUNTY OF DOUGLAS)

I, Kelly Mancha, 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 Apprentice Court Clerk on which I am about to enter. So help me God.



Subscribed and sworn to before me this

16th day of July, A.D. 2018



CLERK OF COURT



DEPUTY CLERK