



KAREN ELLISON, RECORDER

APN# 1220-11-001-029
1220-11-001-30431
Recording Requested by/Mail to:

Name: David A. Williams

Address: P.O. Box 1500
1100 MARK CIRCLE

City/State/Zip: CANDLERVILLE NV 89410

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
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

Printed Name

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

AFFIDAVIT OF DAVID A. WILLIAMS
COMPLIANCE WITH NRS CHAPTER 375 & NRS 598.0923, IF APPLICABLE

I, DAVID A. WILLIAMS, do hereby swear under penalty of perjury, that:

- 1) I, the undersigned affiant, being first duly sworn on my oath, state that I will make provisions for the payment of the tax imposed by Chapter 375 of NRS, and
- 2) I will comply with the disclosure requirements of subsection 5 of NRS 598.0923, if applicable.

The undersigned affirm that the foregoing pleading does not contain a social security number.

David A. Williams
David A. Williams
WR Technology Park, LLC

STATE of NEVADA)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to before me this 7 day of September, 2018

by David Williams

My Commission Expires: 1/21/20

Mary James
Notary Public

