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KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Bobbie Williams

Address: District Court

City/State/Zip: _____

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Oath of office

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

OFFICIAL OATH OF OFFICE

STATE OF NEVADA
COUNTY OF DOUGLAS } ss

I Mark B. Jackson

, 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 notwithstanding, and that I will well and faithfully perform all the duties of the office of District Attorney, on which I am about to enter; so help me God.

MBJ
Signature of Elected Official

Christin White
Signed and sworn before me on the 3 day of January 2019

