



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to

Name PHILLIP W DOMBROWSKI

Address 1441 DOUGLAS AVE

City/State/Zip GARDNERVILLE, NV 89410

Mail Tax Statements to

Name _____

Address _____

City/State/Zip _____

SATISFACTION OF JUDGEMENT

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

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RONALD H. REYNOLDS, ESQ.
Nevada Bar #000827
HARRISON J. REYNOLDS, ESQ.
Nevada Bar #13748
REYNOLDS & ASSOCIATES
823 Las Vegas Blvd South Ste 280
Las Vegas, Nevada 89101
702-445-7000
Attorneys for Plaintiff
20091804
courtfilings@reynoldslawyers.com

RECEIVED

JUL 24 2018

Douglas County
District Court Clerk

2:18 JUL 24 PM 3:23
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CLERK
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SECURITY

DISTRICT COURT

DOUGLAS COUNTY, NEVADA

OLD REPUBLIC INSURANCE
COMPANY,

Plaintiff(s).

-vs-

PHILLIP W DOMBROWSKI,
individually and DOES
I through X, inclusive,

Defendant(s)

CASE NO 09CV0201
DEPT NO. I

SATISFACTION OF JUDGMENT

Hearing Date N/A
Hearing Time N/A

FULL SATISFACTION is hereby acknowledged of the Judgment dated March 21, 2016, and
all costs in the above-entitled action and I hereby authorize and direct the Clerk of the Court to enter
satisfaction of record of said Judgment

DATED July 17, 2018

REYNOLDS & ASSOCIATES




HARRISON J REYNOLDS, ESQ
Nevada Bar #13748
Attorneys for Plaintiff
823 Las Vegas Blvd. So Ste 280
Las Vegas, NV 89101

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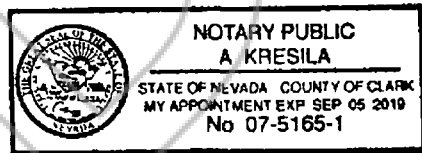
STATE OF NEVADA)
) ss
County of Clark)

On July 17, 2018, before me, the undersigned Notary Public in and for said County and State, personally appeared HARRISON J REYNOLDS, ESQ., known to me to be attorney of record for Plaintiff, that executed the within instrument, and also known to me to be the person who executed the within instrument on behalf of the Plaintiff named herein

WITNESS MY HAND AND SEAL



Notary Public in and for
said County and State



AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding document, filed

Document does not contain the social security number of any person

-OR-

Document contains the social security number of a person as required by

A specific state or federal law, to wit

(State specific state or federal law)

-or-

For the administration of a public program

-or-

For an application for a federal or state grant

Dated this 17th day of July, 2018

REYNOLDS & ASSOCIATES



HARRISON I REYNOLDS, ESQ
Nevada Bar #13748
Attorneys for Plaintiff
823 Las Vegas Blvd So., Ste 280
Las Vegas, Nevada 89101

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original in file and of record in my office

DATE March 19, 2019
BOBBIE R WILLIAMS Clerk of Court
of the State of Nevada, in and for the County of Douglas,
By [Signature] Deputy