



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: R.O. Anderson Eng., INC

Address: 1603 Esmeralda Avenue

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Affidavit of Identity

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 IDENTITY - INDIVIDUAL

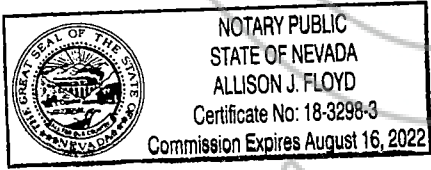
State of Nevada)
)
)
)
County of Douglas)

Affiant, Susan Brunelle, being first duly sworn on his/her oath, states
that (s)he is familiar with Paul Brunelle and acknowledges that (s)he
is one in the same person as Paul T. Brunelle, who is also known as
Paul Thomas Brunelle and - _____.

Susan Brunelle
Affiant Signature before Notary Public

This instrument was acknowledged before me on 9/25/19
by Allison J. Floyd Susan Brunelle
Name of Person(s) Date

Allison J. Floyd
Signature of notarial officer



My commission expires:
8/16/22
Month, Day, Year

Notary Stamp

AFFIDAVIT OF IDENTITY - INDIVIDUAL

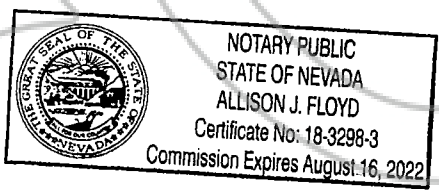
State of Nevada)
)
)
County of Douglas)

Affiant, Paul Brunelle, being first duly sworn on his/her oath, states
that (s)he is familiar with Susan Brunelle and acknowledges that (s)he
is one in the same person as Susan G. Brunelle, who is also known as
Susan Gaylene Brunelle and - _____.

Paul Brunelle
Affiant Signature before Notary Public

This instrument was acknowledged before me on 9/25/19
by Paul Brunelle.
Date
Name of Person(s)

Allison J. Floyd
Signature of notarial officer



My commission expires:
8/16/22
Month, Day, Year

Notary Stamp