



00105530202009412980020021

KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Douglas County District Attorney

Address: _____

City/State/Zip: _____

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Revocation

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



OFFICE OF THE DISTRICT ATTORNEY
DOUGLAS COUNTY

Mark B. Jackson
District Attorney

MEMORANDUM

TO: To Whom It May Concern
FROM: Mark B. Jackson, District Attorney
DATE: January 23, 2020
RE: Appointment Revocation

mby

I hereby revoke the appointment of Roger Harada as a Deputy District Attorney.

COPIES