

APN# _____



00163838202309930130020026

Recording Requested by/Mail to:

SHAWNYNE GARREN, RECORDER

Name: DOUGLAS COUNTY RECORDER

Address: _____

City/State/Zip: _____

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

DATA

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



Douglas County Recorder's Office
Shawnyne Garren, Recorder
sgarren@douglasnv.us
www.douglascountynv.gov

January 5, 2023

I hereby appoint BRENDA CRISTANELLI to the position of Deputy Recorder, effective this date until hereby revoked by me.

Shawnyne Garren
Shawnyne Garren
Douglas County Recorder

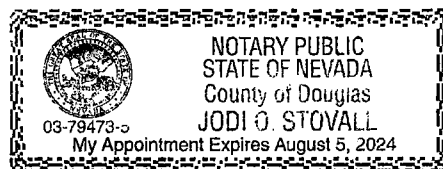
State of Nevada }
County of Douglas }

I, BRENDA CRISTANELLI, 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 of Convention or Legislature, to the contrary notwithstanding; and further that I do this with a full determination, pledge and purpose, without any mental reservation or evasion whatsoever. And further, that I will well and faithfully perform all the duties of the office of Deputy Recorder on which I am about to enter. So help me God.

Brenda Cristanelli
Brenda Cristanelli

Subscribed and sworn to before me this
5th Day of JANUARY, 2023.

Jodi O. Stovall
Notary



MAILING ADDRESS: P.O. Box 218, Minden, Nevada 89423
PHONE: (775) 782-9025 | FAX: (775) 783-6413