

APN# _____

Recording Requested by/Mail to:

Name: Rebecca Edwards

Address: Judicial Services

City/State/Zip: _____

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____



00183469202410097770020029

SHAWNYNE GARREN, RECORDER

Oath- Rebecca Edwards

Title of Document (required)

Please complete the Affirmation Statement below:

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)

Military Discharge – NRS 419.020 (2)

Other NRS _____ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted
for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Signature


Bobbie Williams

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

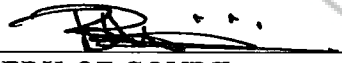
STATE OF NEVADA)
)ss.
COUNTY OF DOUGLAS)

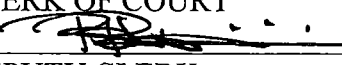
I, **REBECCA EDWARDS**, do solemnly swear that I will support, protect and defend the Constitution and Government of the United States, and the Constitution and Government of the State of Nevada, against all enemies, whether domestic or foreign, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution, or law of any State 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 **COURT ADMINISTRATOR/CLERK OF COURT/JURY COMMISSIONER** on which I am about to enter. So help me God.



Subscribed and sworn to before me this

5th day of July, A.D. 2024



CLERK OF COURT


DEPUTY CLERK