

Official Record

Recording requested By  
LINCOLN COUNTY CLERK

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: Page 1 of 2  
RPTT: Recorded By: HB  
Book- 308 Page- 0548

APN \_\_\_\_\_

APN \_\_\_\_\_

APN \_\_\_\_\_



Death of Office - Hospital Trustee

Title of Document

Affirmation Statement

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: \_\_\_\_\_  
(State specific law)

[Signature] Clerk  
Signature Title

Lisa Lloyd  
Print

1-19-17  
Date

Grantees address and mail tax statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### OATH OF OFFICE HOSPITAL BOARD OF TRUSTEES

State of Nevada  
County of Lincoln

I, W. Catherine Tennille, do solemnly swear (or affirm) 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 notwithstanding, and that I will well and faithfully perform all the duties of the office of Hospital Trustee, District C, on which I am about to enter, so help me God; under the pains and penalties of perjury.

W. Catherine Tennille  
W. Catherine Tennille

State of Nevada  
County of Lincoln

Subscribed and sworn to before me this 3<sup>rd</sup> day of January, 2017.

Sherlyn Fackrell  
Notary Public

