

APN _____

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OFFICIAL RECORD
AMY ELMER, RECORDER

Oath of Office

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, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) 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, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: _____

(State specific law)

Shannon Miller Deputy Clerk
Signature Title

Shannon Miller
Print

1/25/19
Date

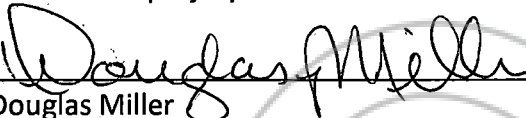
Grantees address and mail tax statement:



**OATH OF OFFICE
HOSPITAL BOARD OF TRUSTEES**

State of Nevada
County of Lincoln

I, Douglas Miller, 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 A, on which I am about to enter, so help me God; under the pains and penalties of perjury.


Douglas Miller

State of Nevada
County of Lincoln

Subscribed and sworn to before me this 8th day of January, 2019.


Notary Public

