

DECLARATION OF HOMESTEAD

Assessor Parcel Number: _____

OR

Assessor's Manufactured Home ID Number: _____

Recording Requested by and Mail to:

Name: _____

Address: _____

City/State/Zip: _____

Check One:

- | | |
|--|--|
| <input type="checkbox"/> Married (filing jointly) | <input type="checkbox"/> Married (filing individually) |
| <input type="checkbox"/> Head of Family | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Single Person | <input type="checkbox"/> Multiple Single Persons |
| <input type="checkbox"/> By Wife (filing for joint benefit of both) | |
| <input type="checkbox"/> By Husband (filing for joint benefit of both) | |
| <input type="checkbox"/> Other (describe): _____ | |

Check One:

- Regular Home Dwelling/Manufactured Home Condominium Unit Other

Name on Title of Property

_____ do individually or severally certify and declare as follows:

_____ is/are now residing on the land, premises (or manufactured home) located in the city/town of _____, County of _____, State of Nevada, and more particularly described as follows:
(set forth legal description and commonly known street address OR manufactured home description)

I/We claim the land and premises hereinabove described, together with the dwelling house thereon, and its appurtenances, or the described manufactured home as a Homestead.

In Witness, Whereof, I/we have hereunto set my hand/our hands this ____ day of _____, 20____.

Signature

Signature

Print or type name here

Print or type name here

STATE OF NEVADA, COUNTY OF _____

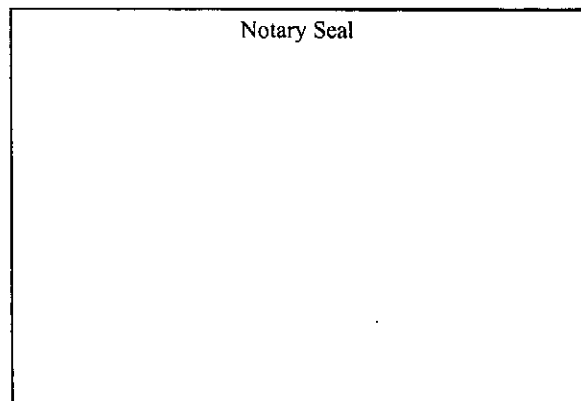
This instrument was acknowledged before me on _____
(date)

by _____
Person(s) appearing before notary

by _____
Person(s) appearing before notary

Signature of notarial officer

CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE.



NOTE: Leave space within 1-inch margin blank on all sides.

Oct. 2009