## DECLARATION OF HOMESTEAD (MARK ONE)

JOINT DECLARATION OF HUSBAND AND WIFE	
BY UNMARRIED HEAD OF FAMILY	
BY A SINGLE PERSON NOT THE HEAD OF A FAMILY	1

Michael A. Laub	and Tamara M. Laub
do individually or severally certify and declare as follows: A. (MARK ONE)	
(1) I am single, not the head of a family.	
X (2) Michael A. Laub	is the head of a family, consisting of himself/ <del>herself</del> and
Tamara M. Laub	
	remises (or in the mobile home) located in the City of,
-	, State of Nevada and more particularly described as follows:
a Planned unit Development re page 6211, as Document No. 31	
Assessors Parcel No. 3-200-17 Together with an undivided 1/as set forth on the herein ab	11th interest in Lot 12 (Common area)
and commonly known as $1150$ Highway $5$	0, Unit 1, Zephyr Cove, Nevada 89448.
(or the described mobile home) as a Homestead. SE	ibed, together with the dwelling house thereon, and its appurtenances, EE EXHIBITS A AND B ATTACHED HERETO ID MADE A PART HEREOF.
C. (MARK ONE) 区 (1) No former declaration of homestead has been	n made by me, or us, or either of us.
(2) This declaration constitutes an abandonment	of the former declaration recorded
IN WITNESS WHEREOF I we have hereunto set my hand/o	our hands this 24th By of April , 1996 .
W/////////////////////////////////////	
(STGNATURE)	THE SHEATURE
Michael A. Laub Name Here)	Tamara M. (PRINT OR TYPE NAME HERE)
STATE OFXNEXADA CALIFORNIA ss.	
County of EL DORADO	
ONApril 24, 19_9	6 , before me, the undersigned, a Notary Public in and for said State,
personally appeared Michael A. Laub and	Tamara M. Laub
	subscribed to the within instrument and acknowledged that
executed the same.	
WITNESS my hand and official seal TEICH	Notary Public in and for said State.
A Maria Collabor Publicación de Signatura de Collabor Publicación de Signatura de Collabor Publicación de Signatura de Collabor Publicación de Collabor de Collabo	TAN. 22 1999
ELBORATE COUNTY TO THE CO. 1900 F.	MY COMMISSION EXPIRES
TYPE ON THE PROPERTY OF THE PR	THIS SPACE FOR RECORDER'S USE ONLY
COMM. #1050355 W	•
Notary Public-California	•
My Comm. Exp. Jan. 22, 1999	
AND WHEN RECORDED MAIL TO	
Name Michael Laub	

TO THE PARTY OF TH

P.O. Box 257 Address Glenbrook, NV 89413

City & State

OR SELVEN SE

## **DECLARATION**

If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to NRS 449.535 to 449.690, inclusive, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

If you wish to include this statement in this declaration, you must INITIAL the statement in the box provided:

Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. Initial this box if you want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld pursuant to this declaration.

386273 BK 0496PG4825
Address 3664 Aspan, So. Lake Take CA 96180
VVIIIU33
Witness Armand A Bellet
Address 108 Council Lock X1
Address 938 Courcil Pock St. CA
Witness Bety Paldo
The declarant voluntarily signed this writing in my presence.
Address 150 Huy 50 Japhn Ov
Signature /////
Signed this day of
ent is withheld pursuant to this declaration.
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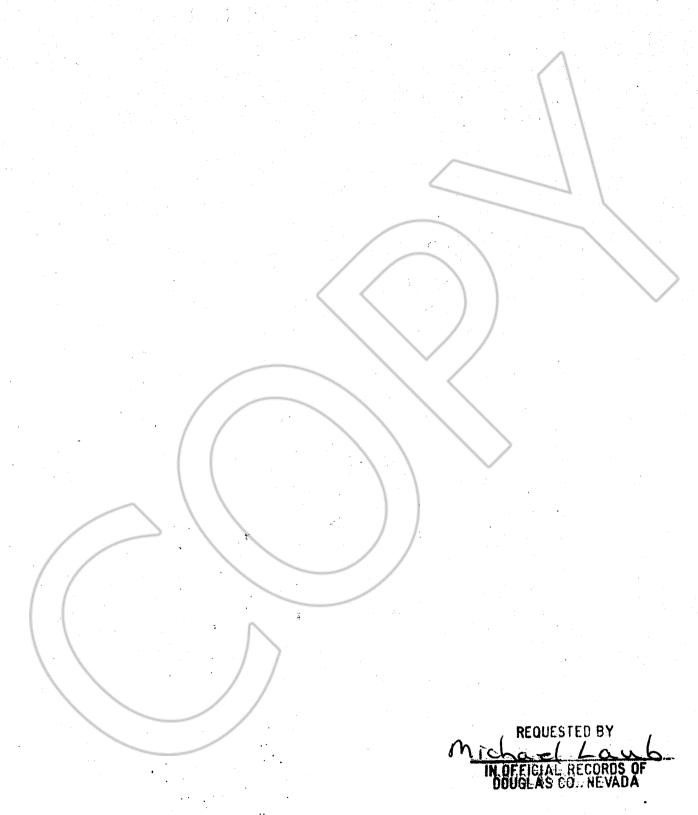
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Signed this day of upul, 1776
Signature Sully TAMARA
Signaturo
Address 1150 Hwy 50, Zephyr Com, MV
The declarant voluntarily signed this writing in my presence.
Witness Howard H. B. ++ner
Address 3664 Aspen, Lake Tahoe CA 96150
Witness See Betty Pulido  938 Council Rock  Address 7.0. Box 4564 Set CA 96157
938 Council Rock
Address 7.0. Dox 4564 St CA 96157
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LINDA SLATER
PAID L2 DEPUTY