## **Declaration of Homestead**

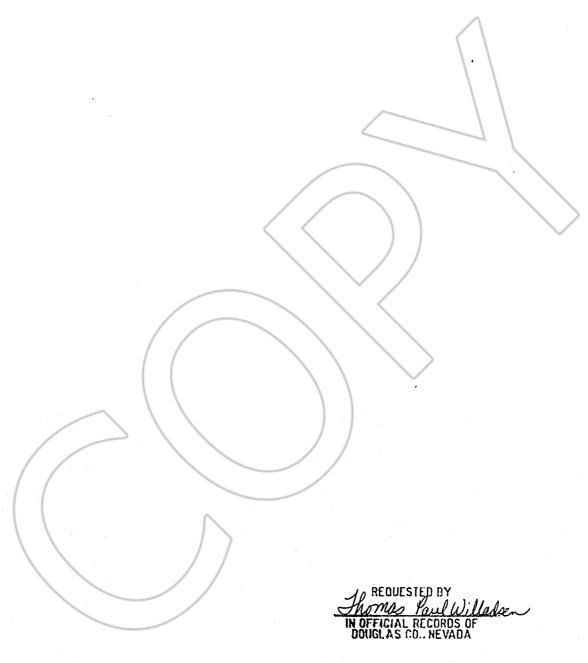
8

(CHECK ONE)	(TYPE OR PRINT CLEARLY WITH BLACK PEN)
MARRIED (filing joint declaration)  MARRIED (as sole and separate property)  By Husband (filing for joint benefit of both)  By Wife (filing for joint benefit of both  By Trustee of Trust (Personal Living Trust)	Single, Widow or Unmarried Person  Multiple Single Persons  Single Head of Family  Other: (Describe)
(CHECK ONE)	
HOUSE MOBILE HOME Other (describe)	CONDOMINIUM UNIT   TOWNHOUSE
Name on title of property: Thomas PAVI	TY Trust
Do individually and severally certify and declare that the fol mobile home, condominium unit, townhouse) as follows:	llowing named persons is/are residing on the land premises (or Thomes Poul Willansen
located at (street address) 224 PEACH City of SARNORVILE, County of DOUGLA follows: (Set forth legal description)	State of Nevada, and more particularly described as
SUBDIVISION: CANDICROCK	
LOT: IA BLOCK: PACEL PL	AT BOOK: 1092 PAGE NO.: 3274
West 1/2 Section 3 Township 12	2 North RANGE DOC# 291152
ASSESSORS PARCEL NO. 17 000	<del></del>
I/We claim the land and premises hereinabove described, toge the described mobile home, condominium unit, or townhouse	ether with the dwelling house thereon, and its appurtenances, or e as a Homestead.
The Undersigned person(s) do hereby certify and declare that	
Signature of Declarant  (Print or type name here)	Signature of Declarant  (Print or type name here)
STATE OF NEVADA )	
COUNTY OF DON GY AS  This instrument was acknowledged before me on (date)	September 17,1997
By (person's appearing before notary public)	mas Paul Willadsen
$10m\Omega$	DOWN AUND
(Signature of Notary Public)	Notary Public — Nevada  Douglas County
My commission expires: Aug 7, 1888	(Notary Stamp)
CONSULT AN ATTORNEY IF YOU DOUBT	THIS FORM'S FITNESS FOR YOUR PURPOSE
RECORDING REQUESTED BY AND MAIL TO	THIS SPACE FOR RECORDERS USE ONLY
NAME: T. WILLADSEN ADDRESS: 224 PEACH CT CITY/ST/ZIP: GARDNOFUILE, NV	
89410	0421898

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