/ RU. BOX 2292 STATE LINE NV. 89449

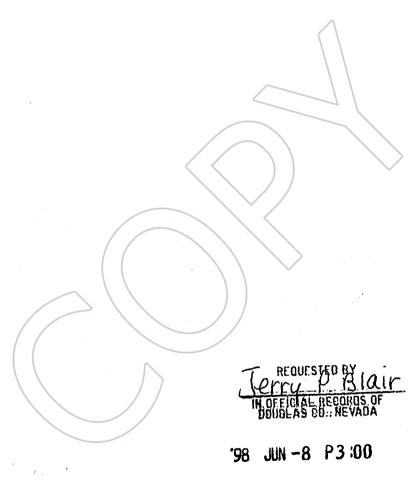
Decla	ration	of Ho	omestead
	uativii		// / UCCUM

(CHECK ONE)	(TYPE OR PRINT CLEARLY WITH BLACK PEN			
MARRIED (filing joint declaration)	Single, Widow or Unmarried Person			
MARRIED (as sole and separate property)	Multiple Single Persons			
By Husband (filing for joint benefit of both)	☐ Single Head of Family			
By Wife (filing for joint benefit of both	Other: (Describe)			
☐ By Trustee of Trust (Personal Living Trust) (CHECK ONE) ☐ HOUSE ☐ MOBILE HOME	☐ CONDOMINIUM UNIT ☐ TOWNHOUSE			
Name on title of property: JERRY P and	JULIA A RLAIR			
Do individually and severally certify and declare that the fo	ollowing named persons is/are residing on the land premises (or mobile			
home, condominium unit, townhouse) as follows:	ROCK RD			
City of County of JOVGLAS	, State of Nevada, and more particularly described as follows:			
, odanty of <u>a county</u>				
SUBDIVISION:				
LOT: 90 BLOCK:	PLAT BOOK: 1287 PAGE NO.: 1913			
LOT: 90 BLOCK:	PLAT BOOK. 72 07 PAGE NO 7 7 9			
ASSESSORS PARCEL NO. 7-244-04				
I/We claim the land and premises hereinabove described, together with the dwelling house thereon, and its appurtenances, or the described				
mobile home, condominium unit, or townhouse as a Homeste	ad.			
The Undersigned person(s) do hereby certify and declare that	t there is no current Declaration of Homestead on file.			
In Witness Whereof, I/We have hereunto set my hand/our har	nds on			
O	\bigcap			
my 13 1star	Julia a. Blair			
Signature of Declarant	Signature of Declarant			
JERRY P. BLAIR JULIA A. BLAIR				
(Print or type name here) (Print or type name here)				
STATE OF NEVADA)				
COUNTY OF DOUGLAS) ss.) This instrument was acknowledged before me on June 6,1998				
By verry Phair and Julia A.	CAROL BERTONCIN			
alolterionan	96-4922-5			
(Signature of Notary Public)	NOTARY PUBLIC - NEVADA DOUGLAS COUNTY			
My commission expires: 10-1-2000	(Notary Stamp) My appointment expires Oct. 1, 2000			
RECORDING REQUESTED BY AND MAIL TO	THIS SPACE FOR RECORDERS OFFICE ONLY			
NAME:				
ADDDECC.				
ADDRESS:				
CITY, STATE, ZIP:				

0441505

NEVADA LEGAL FORMS, INC. (702) 870-8977 ● DEC 107 Consult an attorney if you doubt this forms fitness for your purpose Material may not be reproduced in whole or in part in any manner whatsoever C 1990 ● rv 971211 ● Original printed in BROWN INK.

BK 0698 PG 1721



0441505 BK0698PG1722 LINDA SLATER
RECORDER
PAID BL DEPUTY