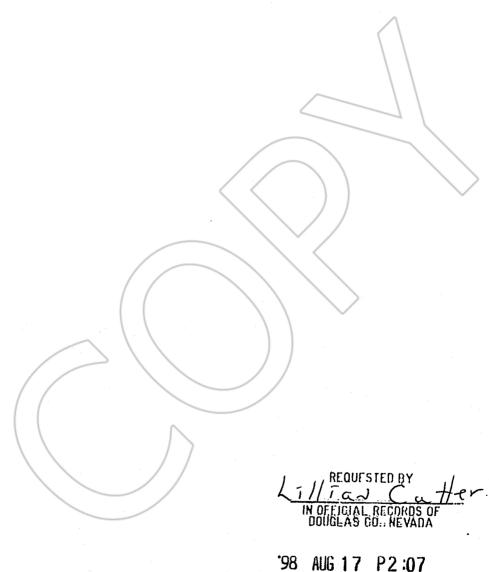
Declaration of Homestead

(CHECK ONE)	(TYPE OR PRINT CLEARLY WITH BLACK PEN
☐ MARRIED (filing joint declaration) ☐ 💢 S	Single, Widow or Unmarried Person
<u> </u>	Multiple Single Persons
<u> </u>	Single Head of Family
<u> </u>	Other: (Describe)
☐ By Trustee of Trust (Personal Living Trust)	\ \
(CHECK ONE) HOUSE MOBILE HOME	☐ CONDOMINIUM UNIT ☐ TOWNHOUSE
Name on title of property:	UTTER
Do individually and severally certify and declare that the following home, condominium unit, townhouse) as follows:	named persons is/are residing on the land premises (or mobile
home, condominium unit, townhouse) as follows:	AMOND CT
	state of Nevada, and more particularly described as follows:
City of WINAMY TOTAL	nate of Nevada, and more particularly decombed as leneme.
SUBDIVISION:	
1/	
LOT: 2 BLOCK: K PLA	T BOOK: PAGE NO.: 224
306 a	
ASSESSORS PARCEL NO. 37-4/2-02	$-\rho$
ASSESSURS PARCEL NO. Or // 60 A	
I/We claim the land and premises hereinabove described, together wit	h the dwelling house thereon, and its appurtenances, or the described
mobile home, condominium unit, or townhouse as a Homestead. The Undersigned person(s) do hereby certify and declare that there	is no current Declaration of Homestead on file
The Undersigned person(s) do hereby certify and declare that there	G - 17 - 0 8
In Witness Whereof, I/We have hereunto set my hand/our hands on	8-11-90
	ON, Opth
	Signature of Declarant
Signature of Declarant	Signature of Declarant 61/61 AN GCOTTER
	LINHIAN GOLOTIER
(Print or type name here)	(Print or type name here)
STATE OF NEVADA)	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	acknowledged before me on Lugush 17.1998
By Lillian G. GUTTER	/_/
	for the strong of the street the street treet the continue of
Bien L. Dlater	LANDA L. SLATER
(Signature of Notary Public)	Noticy Problec - State of Hereada Appointment Recorded in County of Douglas
My commission expires: (Note	ary Stamp) 92-1478-5 167 Appendix Explore Nov. 14, 2000
my commission expires	
RECORDING REQUESTED BY AND MAIL TO	THIS SPACE FOR RECORDERS OFFICE ONLY
	·
NAME:	
	:
ADDRESS:	·
CITY CTATE 7ID:	
CITY, STATE, ZIP:	

0447209

BK0898PG3359



0447209 BK0898PG3360 NUO II FZ.UI

LINDA SLATER
RECORDER
PAID 2 DEPUTY