## **Declaration of Homestead**

| (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☐ By Trustee of Trust (Personal Living Trust)   | Other: (Describe)  |
| (CHECK ONE) A HOUSE D MOBILE HOME  | CONDOMINIUM UNIT TOWNHOUSE   |
| Name on title of property: Dorothy   | D. De Lima   |
| Do individually and severally certify and declare that the   | following named persons is/are residing on the land premises (or mobile    |
| home, condominium unit, townhouse) as follows: Docated at (street address)   | be mountain Road   |
| City of Welling Ton, County of Dougla  | , State of Nevada, and more particularly described as follows:             |
|  |  |
| SUBDIVISION:   |  |
| LOT: 31 BLOCK:   | PLAT BOOK: 189 PAGE NO.: 103   |
|  |  |
| ASSESSORS PARCEL NO. 0000-37-170 - 230   |  |
| 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 Homestead.<br>The Undersigned person(s) do hereby certify and declare that there is no current Declaration of Homestead on file.  |  |
| In Witness Whereof, I/We have hereunto set my hand/our hands on 8-27-98  |  |
| Withess whereof, have hereunto set my flandrout flands of  |  |
|  | Desta Williams   |
| Signature of Declarant   | Signature of Declarant   |
| \ \  | DOROXANU DI DELIMA   |
| (Print or type name here)  | (Print or type name here)  |
| STATE OF NEVADA  |  |
| COUNTY OF COUNTY | nt was acknowledged before me on   |
|  |  |
| By DOROTHY D. C.DELIMA   |  |
| Tinda L. Oluter  | LINDA L. SLATER  |
| (Signature of Notary Public)   | Noticry Public - State of Moveda Appointment Recorded in County of Douglas |
| My commission expires:   | (Notary Stamp) \$2-1628-5 My Appointment Expires Nov. 14, 2000             |
| RECORDING REQUESTED BY AND MAIL TO   | THIS SPACE FOR RECORDERS OFFICE ONLY                                       |
|  |  |
| NAME:  |  |
| ADDRESS:   |  |
|  |  |
| CITY, STATE, ZIP:  |  |

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