

Declaration of Homestead

House • Condo • Mobile Home

Walter Rose Debra Rose

(Place Name(s) of the Declarant(s) as it appears on the property title)

(PLACE AN X IN THE APPLICABLE BOX BELOW)

(TYPE OR PRINT CLEARLY WITH BLACK PEN)

Do individually or severally certify and declare as follows:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> Joint Declaration of Husband and Wife | 2. <input type="checkbox"/> By Single or Unmarried Person Head of Family |
| 3. <input type="checkbox"/> By Married Person as Sole and Separate Property | 4. <input type="checkbox"/> By Multiple Single Persons |
| 5. <input type="checkbox"/> Other: (Describe) _____ | 6. <input type="checkbox"/> By Single Person NOT Head of a Family |

Do severally and individually certify and declare that the following persons are residing on the land and premises (or mobile home)

The street address of the property is 3231 Victory Circle
located in the City of Carlinville, County of Douglas, State of Nevada,
and more particularly described as follows: (Set forth legal description subdivision, lot, block, plat book, page number, etc.)

Parcel V4-B as shown on the parcel map for ABC Investments, Filed for Record in the office of the County Recorder of Douglas County State of Nevada on April 6th 1993 in book 493, at page 816, as document No 303845.

ASSESSORS PARCEL NO. (APN) 37-550-12

The above named person(s) claim the land and premises hereinabove described, together with the dwelling house thereon, and its appurtenances, or the described mobile home, as a Homestead.

The Undersigned person(s) do hereby certify and declare that there is no current Declaration of Homestead on file.

IN WITNESS WHEREOF, I and/or We have hereunto set my hand/our hands this 16th day of Feb, 19 99

Debra Rose
Signature of Declarant

Walter Rose
Signature of Declarant

Debra Rose
(Print or type name here)

Walter Rose
(Print or type name here)


STATE OF NEVADA }
COUNTY OF Douglas }
This instrument was acknowledged before me on
February 16, 1999 (date)
By Debra Rose and Walter Rose.

(Names of Person(s))

RECORDING REQUESTED BY AND MAIL TO
NAME
ADDRESS
CITY/ST/ZIP

If Applicable mail tax statement to:
NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

Linda L. Slater
NOTARY PUBLIC
(Notary Stamp)


0461255
BK0299PG3185

COPY

REQUESTED BY
Walter Rose
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 FEB 16 P2:34

0461255
BK0299PG3186

LINDA SLATER
RECORDER
\$8⁰⁰ PAID K2 DEPUTY