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	Other: (Describe)
☐ By Trustee of Trust (Personal Living Trust)	\ \
(CHECK ONE) A HOUSE D MOBILE HOME	☐ CONDOMINIUM UNIT ☐ TOWNHOUSE
Name on title of property: STELLA M. THOMPSON	
Do individually and severally certify and declare that the following	lowing named persons is/are residing on the land premises (or mobile
home, condominium unit, townhouse) as follows: <u>STEI</u> located at (street address) <u>273 CHIMNEY ROCK I</u>	ROAD
City of STATELINE County of DOUGLAS	, State of Nevada, and more particularly described as follows:
ony or	, Clate of Nevada, and more particularly described as follows.
SUBDIVISION: LAKEWOOD KNOLLS ANNEX, ACC	CORDING TO THE MAP THEREOF, FILED FOR
RECORD IN THE OFFICE OF THE COUNTY	RECORDER OF DOUGLAS COUNTY, NEVADA DOC.14378
	PLAT BOOK: 0298 PAGE NO.: 2561
APN: 07-263-37	
ASSESSORS PARCEL NO. 07-263-37	
Addedding I Andre No. 07 203 31	
I/We claim the land and premises hereinabove described, togeth	ner with 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 t	d. there is no current Declaration of Homostood on file
	EPDDIADV 17 1000
In Witness Whereof, I/We have hereunto set my hand/our hand	is on
Quamo la	
Aila I Hom	<u> </u>
Signature of Declarant	Signature of Declarant
STELLA M. THOMPSON	
(Print or type name here)	(Print or type name here)
STATE OF NEVADA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
700	2/12/22
	was acknowledged before me on
By Stella M. Thompson !	JIL A JOHNSON
	Notary Public - State of Nevada
Magener	Appointment Recorded in Douglas County
(Signature of Notary Public)	No: 93-0504-5 - Expires June 10, 2001
My commission expires:	(Notary Stamp)
RECORDING REQUESTED BY AND MAIL TO	THIS SPACE FOR RECORDERS OFFICE ONLY
NAME: STELLA M. THOMPSON	
ADDRESS: P.O. BOX 313	
ADDRESS: P.O. BOX 313	
CITY, STATE, ZIP: ZEPHYR COVE, NV 89448	
2011 THE COVER IN COSTA	01.61.501

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