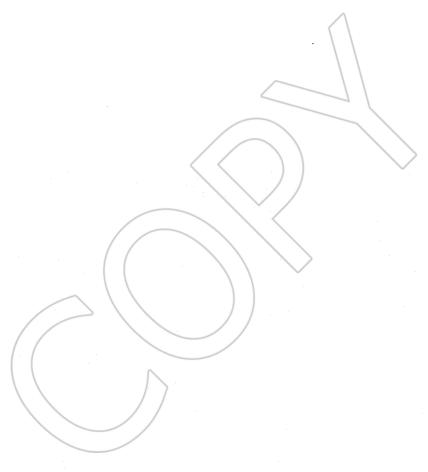
f-

Declaration of Homestead

| (CHECK ONE) | (TYPE OR PRINT CLEARLY WITH BLACK PEN) |
|---|---|
| ☐ MARRIED (filing joint declaration) ☐ S | Single, Widow or Unmarried Person |
| ☐ MARRIED (as sole and separate property) ☐ I | 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 ☑ ☒ WOBILE HOME | ☐ CONDOMINIUM UNIT ☐ TOWNHOUSE |
| Name on title of property: <u>FILEEN</u> ReFOWL | ER |
| 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: | |
| City of WELLINGTON, County of Dage LAS, State of Nevada, and more particularly described as follows: | |
| only of belleville, Goding of both of the band of the | |
| SUBDIVISION: | |
| | |
| | T BOOK: PAGE NO.: |
| TOPAZ RANCH ESTATES # 2 | |
| ASSESSORS PARCEL NO. 0000 - 37 - 254 | -050 |
| Additional Particle No. Of the Particle No. | |
| 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. 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 | |
| 8-2 0 ST | \ \ \ \ \ |
| Beleen K. fow/ER | \ \ <u>\</u> |
| Signature of Declarant | Signature of Declarant |
| EILEEN R. FOWLER | |
| (Print or type name here) | (Print or type name here) |
| OTATE OF MEMADA | |
| STATE OF NEVADA) ss. | |
| COUNTY OF DOUGLAS) This instrument was acknowledged before me on 14TH HO1. 1999 | |
| By FILEFRY R. FOUNDER | |
| | DEPRA C VORK |
| Debra S. Llork | DEBRA S. YORK Notary Public - State of Nevada |
| (Signature of Notary Public) | Appointment Recorded in County of Douglas |
| My commission expires: $5-21-2002$ (Note | My Appointment Expires Aug. 21, 2002 |
| My commission expires: 8-21-2002 (Notary Stamp) | |
| RECORDING REQUESTED BY AND MAIL TO | THIS SPACE FOR RECORDERS OFFICE ONLY |
| | • |
| NAME: EILEEN R. FOWLER | |
| 2015 77 | , |
| ADDRESS: 3835 ZEOLITE CIRCLE | |
| OTTO THE 11 (1) | |
| CITY, STATE, ZIP: WELLINGTON, NV 89444 | 01.000 |

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REQUESTED BY

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IN OFFICIAL RECORDS OF

DOUGLAS CO.. NEVADA

'99 APR 14 A11:21

LINDA SLATER
RECORDER
PAID KA DEPUTY

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