

Declaration of Homestead

(CHECK ONE)

(TYPE OR PRINT CLEARLY WITH BLACK PEN)

- MARRIED (filing joint declaration)
- MARRIED (as sole and separate property)
- By Husband (filing for joint benefit of both)
- By Wife (filing for joint benefit of both)
- By Trustee of Trust (Personal Living Trust)

- Single, Widow or Unmarried Person
- Multiple Single Persons
- Single Head of Family
- Other: (Describe) _____

(CHECK ONE) HOUSE MOBILE HOME CONDOMINIUM UNIT TOWNHOUSE

Name on title of property: DIAN ELAINE LARSEN

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: DIAN ELAINE LARSEN

located at (street address) 1274 Kingston Way

City of GARDNERVILLE, County of DOUGLAS, State of Nevada, and more particularly described as follows:

SUBDIVISION: GARDNERVILLE Ranchos Estates

LOT: 16 BLOCK: D PLAT BOOK: 1072 PAGE NO.: 550
 ASSESSORS PARCEL NO. 27-654-01 NEW# 1220-16-210-128

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 _____

[Signature]
 Signature of Declarant

 Signature of Declarant

DIAN ELAINE LARSEN
 (Print or type name here)

 (Print or type name here)

STATE OF NEVADA)
) ss.
 COUNTY OF Douglas) This instrument was acknowledged before me on August 6, 1999

By Dian Elaine Larsen

[Signature]
 (Signature of Notary Public)



My commission expires: _____

(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO
 NAME: DIAN LARSEN
 ADDRESS: P.O. Box 1145
 CITY, STATE, ZIP: GARDNERVILLE NV. 89410

THIS SPACE FOR RECORDERS OFFICE ONLY

0473998

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COPY

REQUESTED BY
Dian Larsen
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 AUG -6 AM 11:10

LINDA SLATER
RECORDER

SL PAID 2 DEPUTY

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