DECLARATION OF HOMESTEAD

☐ MARRIED (as sole and separate property) ☐ By Husband (filing for joint benefit of both) ☐ S	Single, Widow or Unmarried Person Multiple Single Persons Single Head of Family Other: (Describe)
(CHECK ONE) HOUSE	NDOMINIUM UNIT TOWNHOUSE AND CARMEN KAY LAWRENCE .
Do individually and severally certify and declare that the following na	
condominium unit, townhouse) as follows: PERSONAL 199 JUNIDER City of STATE State of NEUADA, and more particularly de	LINE, County of DOUGLAS,
SUBDIVISION: (set forth legal description and commonly known address)	
KINGSBURY MEADOWS - LOT 3 - SUBDIVISION	N BLOCK E
I/We claim the land and premises hereinabove described, together with the dwelling house thereon, and its appurtenances, or the described mobile home as a Homestead.	
I/We declare that there is no current DECLARATION OF HOMESTE	EAD on file made my me, or us, or either of us.
In Witness Whereof, I/We have hereunto set my hand/our hands on	
Signature of Declarant DAVID LAWRENCS	Signature of Declarant Carmen Lawrence
Print or type name here	Print or type name here Please see attached Certificate of
STATE OF NEVADA)	For: Corner Lawrence
) ss.	0/10/01
COUNTY OF DOUGLAS	Dated:
On this 19 day of	
to me to be the person(a) whose name is subscribed to the above inst	NOTARY PUBLIC STATE OF NEVADA
(Signature of Notary Public) My commission expires: 5407 18, 2004	NONRESIDENT APPT. No. 00-65117-5
	MY APPT. EXPIRES SEPT. 18, 2004
Name: DAVICE & & CARMEN KAY LAWRENCE	THIS SPACE FOR RECORDERS USE ONLY
0-0-1-1-1-1	
Address: 19.130x 10656 City/State/Zip: ZENKYR COUE, WEU. 89448	
Onyrounding. Completon Aco, all 18	

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State of Nevada County of Jouston Ss. This instrument was acknow the 49 day of Oct (1) Clarent K. Name of (2) and Name of (2) and Name of (2) and Name of (2) and Name of (3) and Name of (4) and NonResident (4) and NonResident (5) and NonResident (6) and NonResident (7) and NonResident (7) and NonResident (7) and the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. Description of Attached Document Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Number of Pages: Signer(s) Other Than Named Above: P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.hationalndtary.org Prod. No. 5 NEVADA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT N.R.S. 240.166 This instrument was acknowledged before me on this Top of thumb here Top of thumb here

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