

REQUESTED BY  
S + G Remington  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

Assessor Parcel Number: 1420-18-113-005 OR

2004 MAY 13 PM 12: 26

Assessor's Manufactured Home ID number \_\_\_\_\_

WERNER CHRISTEN  
RECORDER

\$ 14.00 PAID PC DEPUTY

**Declaration of Homestead**

(Check One)

Married (filing joint declaration)

Head of Family

By Husband (filing for joint benefit or both)

Single, Married or Widowed

By Wife (filing for joint benefit or both)

Multiple Single Persons

A. (Check One)

Regular Home Dwelling/Manufactured Home  Condominium Unit  Other

Name on Title of Property GARY M. REMINGTON / SUZANNE J. REMINGTON

Do individually or severally certify and declare as follows: GARY M. REMINGTON AND SUZANNE J. REMINGTON is are now residing on the land, premises (or manufactured home) located in the City of CARSON CITY, County of DOUGLAS, State of Nevada, and more particularly described as follows:

(Set forth legal description and commonly known street address OR manufactured home description)

LOT 143 BLOCK B SILVERADO HEIGHTS #2  
3382 VISTA GRANDE BLVD. CARSON CITY, NEVADA 89705

B.  I/We claim the land and premises hereinabove described, together with the dwelling house thereon, and its appurtenances, or the described manufactured home as a Homestead.

C. (Check One)

(1) No former Declaration of Homestead has been made by me, or us, or either of us.

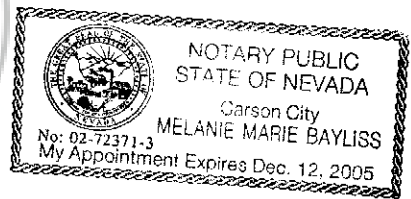
(2) This Declaration constitutes an abandonment of the former Declaration recorded \_\_\_\_\_.

In Witness, Whereof, I/We have hereunto set my hand/our hands this 13<sup>th</sup> day of May, 2004.

[Signature]  
\_\_\_\_\_  
(Signature)  
GARY REMINGTON  
(Print or type name here)

[Signature]  
\_\_\_\_\_  
(Signature)  
SUZANNE REMINGTON  
(Print or type name here)

STATE OF NEVADA  
COUNTY OF Carson City  
This instrument was acknowledged before me on 5/6/04  
(date)  
Gary & Suzanne Remington  
(Person(s) appearing before notary)



Melanie Marie Bayliss My commission expires: Dec. 12, 2005, if any)  
(Signature of notarial officer)

**CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE**

Recording Requested by and Mail to:  
Name:  
Address/ City/ State/ Zip:

This form provided as a courtesy to the taxpayer by: M. W. SCHOFIELD, CLARK COUNTY ASSESSOR  
The Assessor's Office assumes no liability for the completion of the Homestead Declaration.

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