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APN: 1220-24-401-016

Recording requested by and mail documents and tax statements to:

Name: DON W. GASKINS SR.

Address: P.O. BOX 2334

City/State/Zip: GARDNERVILLE NV 89410

DEC107

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This

REQUESTED BY
Don W Gaskins Sr
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 SEP -9 PM 3:27

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID KJ DEPUTY

DECLARATION OF HOMESTEAD

(CHECK ONE)

- Married (filing joint declaration)
- By Husband (filing for joint benefit of both)
- By Wife (filing for joint benefit of both)
- Head of Family
- Single, Married or Widowed
- Multiple single persons

(CHECK ONE)

- HOUSE
- MOBILE HOME
- CONDOMINIUM UNIT
- OTHER

Name on title of property: DON W. GASKINS / DOLORES M GASKINS
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:

DON W. GASKINS SR AND DOLORES M GASKINS

located at (street address) 621 STALLION CT

City of GARDNERVILLE, County of DOUGLAS, State of Nevada, and

more particularly described as follows: **SUBDIVISION:** (Set forth legal description)

PARCEL 2-C, PARCEL MAP 1 FOR P-K CONSTRUCTION ENC BOOK 288 Pg 3966

ASSESSMENT PARCEL NO. 1220-24-401-016 Doc. # 173297

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.

- No former Declaration of Homestead has been made by me, us, or either of us.
- This Declaration of Homestead constitutes an abandonment of the former Declaration recorded on 1-1-

In Witness Whereof, I/We have hereunto set my hand/our hands on 9-9-04

Don W. Gaskins Sr

Signature of Declarant

Dolores M. Gaskins

Signature of Declarant

DON W. GASKINS SR

Print or type name here

DOLORES M. GASKINS

Print or type name here

STATE OF NEVADA)

COUNTY OF)

On this _____ day of _____, 20____, personally appeared before me, a Notary Public _____

personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who acknowledged that ___he___ executed this instrument. Witness my hand and official seal.

Notary Public

My Commission Expires: _____

Consult an attorney if you doubt this forms fitness for your purpose.

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