14/

ENGINE PLUMAY,
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVABA

Assessor Parcel Number: 1420-34-610-027 OR

2004 OCT 12 AM 11: 28

Assessor's Manufactured Home ID number WERNER CHRISTEN RECORDER 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) X Regular Home Dwelling/Manufactured Home Condominium Unit Other Family trust Name on Title of Property The Pleiman Do individually or severally certify and declare as follows: Eugene F. 4 Mar. L. Pleiman is / are now residing on the land, premises (or manufactured home) located in the Minden City of , 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 60, in Block 2, as set forth on the final Subdivision MAP LDA # 01-069 for Branvell Homesterd Siled for record in the 035'ce of the Daylas County Recorder, en Ang 12,2002, in Book 0802, at Page 3324 as Doc No. 0549307 of 053-cial records. Physical Address: 2743 Squires 5t., Minden, NU 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. (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 /2 day of 20014 (Signature) (Signature) Ple-men Irustee (Print or type name here) (Print or type name here) STATE OF NEVADA COUNTY OF Douglas This instrument was acknowledged before me on Cot GRACE A. DEMPSTER ogene F. Preiman Hoo Ma NOTARY PUBLIC STATE OF NEVADA (Person(s) appearing before notary) APPT, No. 91-0484-8 My commission expires: 11-19-05 (Signature of notarial officer)

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

Recording Requested by and Mail to Euglin Pluman

Name:

Address/ City/ State/ Zip:

0626434