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1419-12-511-010

APN: 13-072-04 old APN
or Assessor's Manufactured Home ID number
Recording requested by and mail documents and
tax statements to:

Name: Gilbert L & Laura R Delaura
✓ Address: 3583 Cherokee Dr
City/State/Zip: Carson City NV 89705



DEC107
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www.legalformsrus.com

DECLARATION OF HOMESTEAD

CHECK ONE

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

A. CHECK ONE

- Regular Home Dwelling/Manufactured Home
- Condominium Unit
- Other

Name on Title of Property:

Gilbert L & Laura R Delaura

do individually or severally certify and declare as follows:

is/are now residing on the land, premised (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)

COMMONLY KNOWN ADDRESS:

3583 Cherokee Ave
Carson City NV 89705

Lot 10 Unit #2
Valley View sub Division

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.

Initials *GLD*

LEGAL DESCRIPTION:

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** (If applicable)

- (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 on

Gilbert L. Delaura
Signature of Declarant
GILBERT L. Delaura

Laura R. Delaura
Signature of Declarant
Laura R. Delaura

STATE OF _____)
COUNTY OF _____)
On this 19 day of March, 20 07, personally appeared
before me, a Notary Public, David W. Mello
 personally known to me OR proved to me on the basis of satisfactory evidence to be the
person(s) described in and who executed the foregoing instrument in the capacity set forth therein,
who acknowledged to me that they executed the same freely and voluntarily and for the uses and
purposes therein mentioned. Witness my hand and official seal.

David W. Mello
Notary Public
My commission expires: 3-15-2010
Consult an attorney if you doubt this forms fitness for your purpose.

This MUST be completed for recording
Return Recorded Document to:
Name:
Address:
City/State/Zip: