

Assessor Parcel Number: 1022-15-002-005 OR  
Assessor's Manufactured Home ID number \_\_\_\_\_

DOC # **0704842**  
07/10/2007 02:52 PM Deputy: PK  
**OFFICIAL RECORD**  
Requested By:  
**MATTHEW PRIDDY**

**Declaration of Homestead (Check One)**  
 Married (filing jointly)  Married (filing individually)  
 Head of Family  Widowed  
 Multiple Single Persons  Single Person  
 By Wife (filing for joint benefit of both)  
 By Husband (filing for joint benefit of both)  
 Other: (Describe) \_\_\_\_\_

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 1 Fee: 14.00  
BK-0707 PG- 3159 RPTT: 0.00



*Abandonment of Homestead*

**A. (Check One)**  
 Regular Home Dwelling/Manufactured Home  Condominium Unit  Other  
Name on Title of Property Matthew James Priddy

Do individually or severally certify and declare as follows: Matthew Priddy  
is/are now residing on the land, premises (or manufactured home) located in the City of Gardnerville,  
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)

**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 9/27/2005

In Witness, Whereof, I/We have hereunto set my hand/our hands this 10 day of July, 2007.

The Assessor's Office assumes no liability for the completion of the Homestead Declaration.

(Signature) *Matthew Priddy*  
(Print or type name here) Matthew Priddy

(Signature) \_\_\_\_\_  
(Print or type name here) \_\_\_\_\_

STATE OF (NEVADA)  
COUNTY OF (DOUGLAS)

This instrument was acknowledged before me on 10 July 2007 (date)  
(Person(s) appearing before notary) by Matthew Priddy

Recording Requested by and Mail to: 3805 Sapphire Rd, Wellington Nv. 89444

Name: \_\_\_\_\_  
Address/City State/Zip: \_\_\_\_\_  
(Signature of notarial officer) *Karen Schanhal*

My commission expires: 2 June 2010

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

