DOC # 0747502 07/21/2009 02:26 PM Deputy:

OFFICIAL RECORD
Requested By:
MITCHELL J ARGON

DM

The undersigned h Social Security Nu	nereby affirms that this document does not contain a mober.	Kai	Douglas Cour cen Ellison	- Kecorder	
Print Name Under	Signature:	Page: 1 BK-0709	مسلمين الأستا	-	00.1 00.0
When Recorded R	teturn To: /	7 ((1861)	ALII 1884 SIEJI 18	801 BILLY BERKE 1191 17	
950	on bisand Way			YBJ Biliji Malia Haf is	
Minden	2 NV 89473		\ \		
		_	\	\	
Assessor Parcel N	lumber: 0000 17 303 6/6	1320-30-2	14-00	/ \	
DECLAR	RATION OF HOMESTEAD			\	
Check One:					
X	Married (filing joint declaration)				
	Head of Family				
	By Husband (filing for joint benefit or both) Single, Married or Widowed				N.
	By Wife (filing joint benefit or both)				>
	Multiple Single Persons				
	Other:				
A: Check One					
_X	Regular Home Dwelling/Manufactured Home	//			
	Condominium Unit	\			
	Other				
Name on Title of	Property Mitchell J. Argo	n \\			
	r severally certify and declare as follows:				
	ng on the land, premises (or manufactured home) loca	ated in the City of: M/ha	len	···-	
County of: Dot	State of Nevada, and more particu	larly described as follows:)		
(Set forth legal de	escription and commonly known street address OR m	anufactured home description)	/a >		
850 6	Larchwood Way Mina	en, No. 879	63		
		1 1			
B: TTChe	ppurtenances. or the described manufactured home a	hereinabove described, together	r with the dwelling	house	
merecui, and its a	ppurionances, or the desertice manufactured florite a	s a Homestead.	_		
In Witness, Whereo	of, I/We have hereunto set my hand/our hands this21	day of July	20 09	- '	
The .	that I Area a				
Signature	1	Signature			
	chell J. Avgon			· · · · · · · · · · · · · · · · · · ·	
Print Name here	J	Print Name here	: r 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1		
STATE OF NEVAL	DA \		CYNTHIA	FAILOR	
COUNTY OF	DOUGLAS		Notary Public - S Appointment Records	itate of Nevada	
	s acknowledged before me on July 21, 200	9	No: 08-8024-5 - Expir	on Ordania do nosa	
M 1 1 / Lh	s acknowledged before me on July 200				
Person(s) appearing	Defore notary	1 1			
1 1/11	My commission	expires: 10/10/1001			
(Signature of notari	al officer)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
CONSULT AN AT	TTORNEY IF YOU DOUBT THIS FORM'S FITNESS	FOR YOUR PURPOSE. This for	rm provided as a cou	rtesy to the	
NOTE: Please leave	as County Recorder's Office. The Recorder's Office assum e 1" margins blank.	es no hability for the completion o	i me mumesteau Dec	jaration.	