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DOC # 0758206 02/05/2010 10:49 AM Deputy: PK OFFICIAL RECORD Requested By: DONALD E LAFARA

	DECLARATION OF HOMESTEAD	Douglas County - NV	
	Assessor Parcel Number: 1420 - 07 - 814 - 00	O2 Karen Ellison - Recorder	
1	OR	Page: 1 Of 1 Fee: 14.0	-
	Assessor's Manufactured Home ID Number:	BK-0210 PG-1059 RPTT: 0.0	Φ
/	Recording Requested by and Mail to:		
/	Name: DONALD LAFARA		
	Address: 967 HILLTOP CT.	\ \	
	City/State/Zip: CARSON CITY NV 89705		
	Check One:		
	Married (filing jointly)		
	☐ Head of Family ☐ Widowed		
	☐ Single Person ☐ Multiple Single Persons		
	☐ By Wife (filing for joint benefit of both)		
	☐ By Husband (filing for joint benefit of both)		
	☐ Other (describe):		
	Check One:))	
1	Regular Home Dwelling/Manufactured Home		
	Name on Title of Property		
	DONALDE LA FARA & CAROLYN A. THOMAS		
	do individually or severally certify and declare as follows:		
	DONALD E. LAFARA & CAROLYN A. THOMAS		
	is/are now residing on the land, premises (or manufactured home) located in the city/town of <u>CARSON CITY</u> , County of <u>DOUGLAS</u> , State of Nevada, and more particularly described as follows:		
	(set forth legal description and commonly known street address OR manufactured home description)		
	967 HILLTOP CT. CARSON CITY NV 89705		
	I/We claim the land and premises hereinabove described, together with	h the dwelling house thereon, and its appurtenances, or	
į	the described manufactured home as a Homestead.	The state of the s	
	In Witness, Whereof, I/we have hereunto set my hand/our hands this	day of , 20 .	
1	Alex Lak	0 1 10	
	Signature —	action of shomes	
1	Donald Flatura	Arolyn A. Thomas	
	Print or type name here	Print or type name here	
	STATE OF NEVADA, COUNTY OF CARSON CITY	Notary Seal	
	This instrument was acknowledged before me on <u>O//O8/201</u> O		
	by DONALD E. LA FHRA Person(s) appearing before notary (date)		
١	by CAROLYN A. THOMAS	SARA GONZALES NOTARY PUBLIC	
	Person(s) appearing before notary	STATE OF NEVADA/ DOUGLAS COUNTY STATE OF NEVADA/ DOUGLAS COUNT	
	Men Geles	CERTIFICATE NO: 07-2949-5	
١	Signature of notarial officer		
	CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S		
	FITNESS FOR YOUR PURPOSE.		
}	NOTE: Leave space within 1-inch margin blank on all sides.	Oct. 2009	
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