DOC # 0760090 03/12/2010 10:57 AM Deputy: OFFICIAL RECORD Requested By: BRETT & SUSAN PARKER

14.00 0.00

	DECLARATION OF HOMESTEAD	. Do Kare	ouglas County n Ellison - 1	y - NV Recordor
		Page: 1	0f 1	recorder Fee:
	Assessor Parcel Number: 1220-16-710-046 OR	вк-0310	PG- 2932 RI	PTT :
	Assessor's Manufactured Home ID Number:			
	Recording Requested by and Mail to:		: 18818 BILL BAIK B	
	Name: BRETTELSUSAN PARKER		\ \	
,	Address: 859 RITTER DR. City/State/Zip: 6ARDHIER VILLE, MY. 89460		\ \	
	City/State/Zip: <u>LARDIVIER VILLE</u> , KY. 89460		_	
	Check One:	-		_
	Married (filing jointly)		The state of the s	
	☐ 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)	. \		
ı	Other (describe):	1 1		1
Į	Check One:	-		- \
	Regular Home Dwelling/Manufactured Home	/ /		
	Name on Title of Property	/ /		ĺ
1	BRETTEN SUSAN PARKER AS JOINT TEMANTS			
1	o individually or severally certify and declare as follows:			
1	BRETTEY SUSAN PARICER			
	/are now residing on the land, premises (or manufactured home) located in the city/town of LAPDHIER YILLE			
	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)			
	GARDNERVILLE RANCHOS #4 LOT	/7\/		
	I/We claim the land and premises hereinabove described, together with the dwelling he	ouse thereon, and i	its appurtenances, or	r
l	the described manufactured home as a Homestead.			
ė	In Witness, Whereof, I/we have hereunto set my hand/our hands this day of	Marcy	. 20	ĺ
1	Gutt & Varley	W Alls	Pre	
ł	The Signature	Signature_		
	BY ett E Paricer Susar Print or type name here Print	ni or type name her	rker_	
ŀ	STATE OF NEVADA, COUNTY OF DOUG 16S	Notary Seal		\dashv
ľ	This instrument was acknowledged before me on 3/12/10	Holaly Scal		
ŀ	Person(s) appearing before notary (date) Person(s) appearing before notary			
ı	Dy SUSAN L. PAYYEV———————————————————————————————————	Danny Wh		
-	Dalughullung Signature of notional officer	Appt, No. 09- My Appt, Expires	10313-5	
1	CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE.		<u></u>	
1	NOTE: Leave space within 1-inch margin blank on all sides.		Oct. 20	009