DOC # 0766988 07/15/2010 11:01 AM Deputy: SG OFFICIAL RECORD Requested By:

GLENN GRAVEL

14.00 0.00

	DECLARATION OF HOMESTEAD	Do Karo	ouglas Cour n Ellison	ty - NV
		Page: 1	0f 1	Fee:
	Assessor Parcel Number: 1420-07-719-002	BK-0710	PG- 2662	
	OR		. 18818 BILL BIL	
	Assessor's Manufactured Home ID Number:		: (2016 Elijo eli	is isisi isisi la
	Recording Requested by and Mail to:		: 1881A BILL AL	
	News C/- Rays al	1	\ \	
	Address: 3472 Gregory Cost		\ '	\
	Address: 3472 Gregory Cost City/State/Zip: Carson NV. 89705		_ \	\
	Check One:	-		\
Ì	☐ Married (filing jointly) ☐ Married (filing individually)			1
	☐ Head of Family ☐ Widowed			
	✓ Single Person			
-	☐ By Wife (filing for joint benefit of both)	1		
	☐ By Husband (filing for joint benefit of both)	, \		1
	Other (describe):	1 1		1
	Check One:			_ \
	Regular Home Dwelling/Manufactured Home	/ /		
	Name on Title of Property			
	Glenn oliver Gravel			
	do individually or severally certify and declare as follows:			
		h		
	is/are now residing on the land, premises (or manufactured home) located in the city/to	wn of <u>Car</u>	Son	
	County of Decless, State of Nevada, and more particularly describe	d as follows:	•	
ı	(set forth legal description and commonly known street address OR manufactured hom	e description)		
			OT L	
ľ	3472 Green Can Bin all 50	· · ·		
1	3472 Gregory Cort Correction of the dwelling ho the described manufactured home as a Homestead.	use thereon, and	its appurtenance	s, or
	the described manufactured home as a Homestead.	•	weigh	×5
ł	in Witness, Whereof, I/we have hereunto set my hand/our hands this 15 day of 7.	1-	, 20 <u>_/, 0</u> .	
	The state of	. /		
j	Signature	Signature		
1.	Glenn Grave			
		it or type name her	e	
	STATE OF NEVADA, COUNTY OF 100///	Notary Sea	 J	
	This instrument was acknowledged before me on 7/18/10			
1	by FILM ENABLE (aute)			a
I.	Person(s) appearing before notary	SHANNO	N DECORSE IY PUBLIC	
ľ	Person(s) appearing before notary	STATE C	OF NEVADA	l
ħ	Marsin / Solate	Δ/ APPT No.	. 06-109021-5	
-	Signature of notarial officer	MY APPT, EXP	IRES OCT. 2, 201	-
ľ	CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE.			
	THIS OF THE PURPOSE.			
1	NOTE: Leave space within 1-inch margin blank on all sides.		Oct	. 2009