DOC # 0771981 10/11/2010 12:21 PM Deputy: DW OFFICIAL RECORD Requested By:

WILLIAM GIBSON

DECLARATION OF HOMESTEAD Douglas County - NV
Assessor Parcel Number: 1318-24-711-001 Karen Ellison - Recorder
OR Page: 1 Of 1 Fee: 14.00
Assessor's Manufactured Home ID Number:
Recording Requested by and Mail to:
Name: William Trask Gibson
Address: PO Box 4503
City/State/Zip: Stateline, Nevada 89449-4503
Check One:
☐ Married (filing jointly) ☐ Married (filing individually)
☐ 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:
■ Regular Home Dwelling/Manufactured Home □ Condominium Unit □Other
Name on Title of Property William Trask Gibson
do individually or severally certify and declare as follows:
is/are now residing on the land, premises (or manufactured home) located in the city/town of Stateline
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)
Lot 1, of ANSALDO ACRES, 559 KINGSBURY GRADE, STATELINE, NEVADA 89449
TAN also at 1 and and any in the single of any in the standard of the support of
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.
In Witness, Whereof, I/we have hereunto set my hand/our hands this //day of OC+000) , 20/0.
in Witness, Whereof, I/we have hereunto set my hand/our hands this // day of
Wine The
Signature
William 1 (2) b50V1 Print or type name here Print or type name here
105
STATE OF NEVADA, COUNTY OF Victor Notary Seal
This instrument was acknowledged before me on 10/11/10
by () Person(s) appearing before notary NOTARY PUBLIC
bý STATE OF NEVADA County of Douglas
Person(s) appearing before notary/ SHANNON DECORSE Appl No. 06-109021-5
My Appl Expires October 2, 2014
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