10/25/2010 02:33 PM Deputy:

OFFICIAL RECORD Requested By: KIMBERLY A CARLSON

> 14.00 0.00

APN: 1420-	18-110-032	,	Douglas County - NV
Recording Requ		Kar	en Ellison - Recorde
Name:	THE CARLSON FAMILY	Page: 1	Of 1 Fee:
Address:	2992 DEL RIO LANE	BK-1010	PG- 4981 RPTT:
City/State/Zip:	MINDEN, NV 89423	18810 66	ilik ladir kaard ilali kaali didka
	ATION OF HOMESTEAD		
CHECK ONE)	ATTOM OF HOMESTEAD	1 188111 88	
Married (filing	ioint declaration)		\ \
Married (as sol	e & separate property)		\ \
By Husband (fi	ling for joint benefit of both)		_ \ \
By Wife (filing	for joint benefit of both)		
By Trustee of T	Trust (Personal Living Trust)		
☐ Single, Widow	or Unmarried Person		
☐ Multiple Single	Persons		
Single Head of			
Other:			
A. (CHECK ONE		· /· /	\
Regular Home I		Condominium Unit	☐ Townhouse
Name on title of pr	roperty: MICHAEL J. CA	PLSON, KIMBERI	Y A CARLSON
Do individually and severally certify and declare that the following named person(s) is/are residing on the land			
premises (or mobile home, condominium unit, townhouse) as follows:			
MICHAE	EL J CARLSON &	76. 2	ARLSON
located in the City	of MINDEN	County of Dougl	
State of Nevada, ar	id more particularly described as foll	OWS: (set forth legal description A	r street address)
State of Nevada, and more particularly described as follows: (set forth legal description & street address)			
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/			,
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B. I/we claim the la	and and premises herein above descri	bed, together with the dwelling h	ouse thereon, and its
appurcuances, or the	te described mobile home, condomin	ium unit, or townhouse as a Hom	estead
in witness, whereo	f, I/y/e have hereunto set my hand/ou	r hands this <u>~~</u> day of <u>O</u>	<u>CTOBER</u> , 2010
V/11/11	11 <i>[M</i>]		
(Signature)	11000	/ Lumberly	Alarlan-
,		(Signature)	
MICHAEL	J CARLSON	KIMBERLY A	CARLSON
Please print or type		(Please print or type name	here)
STATE OF NEVAL			
COUNTY OF D		ميمان جم ميمان	
This instrument was acknowledged before me on October 23, 2010			
By: Michael J carlson & Kimberly A (Carlson weresser)			
(Person(s)	appearing before notary)		Y PUBLIC
V/ Hinn W	111/1/	STATE	F NEVADA
KILLIN	Will Shy	MY COMMISSION	ECPTRES: 11-14-8012 NO: 08-8602-5
/ (Signature	of Notarial Officer)	VERIFICAL	(0.407.0
CONSTITUTE .	N ATTODNEY IF VOII DOIDE 1		
	THE OF RESIDENCE AND ACTUAL PROPERTY.	CITIC TACIDATES TRANSPICA	

YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE

This form is provided as a courtesy to the taxpayer by: Alan Glover, Carson City Clerk-Recorder. The Recorder's Office assumes no liability for the completion of the Homestead Declaration.

NOTE: PLEASE LEAVE 1" MARGIN ON ALL SIDES BLANK