

DECLARATION OF HOMESTEAD

Assessor Parcel Number: 11-163-060
OR 1319-18-310-019
Assessor's Manufactured Home ID Number: _____

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 1 Fee: 14.00
BK-1110 PG- 6662 RPTT: 0.00



Recording Requested by and Mail to:

Name: MORRIS W. RONEY AND PATRICIA M. RONEY
Address: 347 ANDRIA DR. (P.O. BOX 2813)
City/State/Zip: STATELINE, NEVADA 89449

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

MORRIS W. RONEY AND PATRICIA M. RONEY

do individually or severally certify and declare as follows:

MORRIS W. RONEY AND PATRICIA M. RONEY
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)

347 Andria Dr., Stateline, NV 89449

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 26 day of November, 2010.

Moran W Roney
Signature

MORRIS W. RONEY
Print or type name here

Patricia M Roney
Signature

PATRICIA M. RONEY
Print or type name here

STATE OF NEVADA, COUNTY OF CARSON

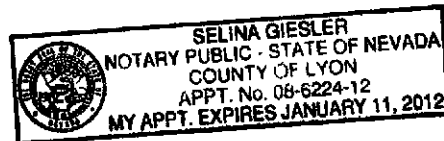
This instrument was acknowledged before me on 11-26-2010 (date)

by Morris W. Roney
Person(s) appearing before notary

by Patricia M. Roney
Person(s) appearing before notary

Selina Giesler
Signature of notarial officer

Notary Seal



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