DOC # 0786234 07/12/2011 09:06 AM Deputy: PK OFFICIAL RECORD Requested By:

THOMAS L BLOTTER **DECLARATION OF HOMESTEAD** Douglas County - NV rder 14.00 0.00

Assessor Parcel Number: 1420-28-101-001	Karen Ellison - Recor Page: 1 Of 1 Fee:
OR	BK-0711 PG-1862 RPTT:
Assessor's Manufactured Home ID Number:	-
Recording Requested by and Mail to:	
Name: Thomas L And Shelley Blot	S E1 / /
Address: 2902 Rio Vista CT City/State/Zip: MINDEN, NU 89423	- \ \ \
City/State/Zip: MINDEN, NO 89423	
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 ☐ Ot	her
Name on Title of Property	
Blotter, Thomas L & Shelley 7	5 /
do individually or severally certify and declare as follows:	/~
Thomas LAND Shelley	
is/are now residing on the land, premises (or manufactured home) located in the cit	
County of Doug \ S , State of Nevada, and more particularly desc	
(set forth legal description and commonly known street address OR manufactured	home description)
111511	\ /
2902 Rio Vista CT	~
I/We claim the land and premises hereinabove described, together with the dwellin	a house thereon, and its appurtenances, or
the described manufactured home as a Homestead.	f intuse thereon, and his apparentances, or
In Witness, Whereof, I/we have hereunto set my hand/our hands this day of	C/4/1/ 20 18
in witness, whereof, I/we have negetinto set my hand/our hands this // day of	(MU), 20 18.
When I the	
Signature	Signature
Thomas L Blotter Print or type name here	Print or type name here
1	Transa type name nere
STATE OF NEVADA, COUNTY OF (1)	Notary Seal
This instrument was acknowledged before me by 7/12/11	
by /110h1as L. Lyotte y (unie)	
Person(s) appearing before notary	
by	NOTARY PUBLIC STATE OF NEVADA
Person(s) appearing before notary	で (County of Dougles
Miner / Care	Appl No DE 100001
Signature apholartal officer	My Appt Expires October 2, 2014
CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S	
FITNESS FOR YOUR PURPOSE.	
NOTE: Language within 1 inch many 1 11-11-11-11-11-11-11-11-11-11-11-11-1	Oct. 2009
NOTE: Leave space within 1-inch margin blank on all sides.	Oct. 2009