

OFFICIAL RECORD

Requested By:

PATRICK LORIO

DECLARATION OF HOMESTEAD

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 1 Fee: 14.00
BK-0312 PG- 3241 RPTT: 0.00



DO NOT WRITE
IN THIS AREA

Assessor's Parcel Number (APN):

1318-03-110-025

or

Assessor's Manufactured Home ID Number:

Recording Requested by and Mail to:

Name: Patrick B. Lorio and Marie Q. Lorio

Address: P.O. Box 1226 / 1055 Skyland Dr.

City/State/Zip: Zephyr Cove NV 89448

Check One:

- Married (filing jointly) Married (filing individually)
- Widowed Single Person Multiple Single Persons Head of Family
- 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:

Patrick Barousse Lorio, Marie Quinn Lorio

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
Zephyr Cove, 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)

1055 Skyland Drive

Zephyr Cove NV 89448

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 14 day of March, 2012

Patrick B. Lorio

Signature

Patrick B. Lorio

Print or type name here

Marie Q. Lorio

Signature

Marie Q. Lorio

Print or type name here

STATE OF NEVADA, COUNTY OF Douglas This instrument was acknowledged

before me on 3/14/2012

(date)

By Patrick B. Lorio

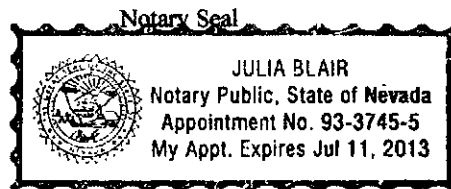
Person(s) appearing before notary

By Marie Q. Lorio

Person(s) appearing before notary

Julia Blair

Signature of notarial officer



CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM FITS YOUR PURPOSE.

NOTE: Do not write in 1-inch margin. Rev. Feb 2010