Doc Number: 0809048 09/13/2012 01:22 PM OFFICIAL RECORDS

Requested By:

DEBORAH KEYS
DOUGLAS COUNTY RECORDERS

Karen Ellison - Recorder

| DECLARATION OF HOMESTEAD | Page. 1 Of 1 / Fee: 14,00 |
|---|--|
| Assessor Parcel Number: 44 | Bk 0912 Pg: 2970 |
| OR | i (66) (196) (64) 64) 64) 64) 64) 64) 64) 64) 64) |
| Assessor's Manufactured Home ID Number: | 0809048 |
| Recording Requested by and Mail to: Name: DE BORAH L. KOYS Address: 3711 TOPAZ RANCH AR City/State/Zip: WELL! OG +ON, XV \$94444 | Deputy: pk |
| 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 | . / / |
| | ~/ _0/ |
| Bonnie Exesecker and & | I borah L. Keys |
| do individually or severally certify and declare as follows: | <u> </u> |
| is/are now residing on the land, premises (or manufactured home) located in the city/t County of \(\frac{\lambda \cup /\cup /\cup \sigma}{\lambda}\) os State of Nevada, and more particularly described. | ped as follows: |
| (set forth legal description and commonly known street address, DR manufactured how 3711 Told? Range Wellington, NU 88444 | me description) |
| I/We claim the land and premises hereinabove described, together with the dwelling between the described manufactured home as a Homestead. | 3 |
| In Witness, Whereof, I/we have hereunto set my hand/our hands this day of | E) tember 20 12. |
| Deborat L Perp | Signapre |
| DEBORAH L Keys Print or type name here P | rint or type name here |
| STATE OF NEVADA, COUNTY OF / WILLIAM | Notary Seal |
| This instrument was acknowledged before me on 9/13/17 | Notary Seal |
| by Leti rah L. Keus (date) | |
| Person(s) appearing before notary by | NOTARY PUBLIC |
| Person(s) appearing before notifice AMM Land | STATE OF NEVADA County of Douglas SHANNON DECORSE Appt No. 06-109021-5 |
| Signature of notarial officer CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S | My Appt Expires October 2 2014 |
| FITNESS FOR YOUR PURPOSE. | |
| NOTE: Leave space within 1-inch margin blank on all sides. | Oct 2009 |