



DECLARATION OF HOMESTEAD

Assessor Parcel Number: 1320-30-814-009

OR

Assessor's Manufactured Home ID Number: _____

Recording Requested by and Mail to:

Name: ROBERT C. FALCKE & DARLENE J. FALCKE

Address: P.O. Box 377

City/State/Zip: GENOA, NV. 89411

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

ROBERT C. FALCKE AND DARLENE J. FALCKE

do individually or severally certify and declare as follows:

ROBERT C. FALCKE AND DARLENE J. FALCKE

is/are now residing on the land, premises (or manufactured home) located in the city/town of MINDEN, 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)

UNIT #9 BELARRA TOWNHOUSE ESTATES
1628 OLVA ST. #9 MINDEN, NV. 89423

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 1 day of October, 2012.

[Signature]

Signature

ROBERT C. FALCKE

Print or type name here

[Signature]

Signature

Darlene J. Falcke

Print or type name here

STATE OF NEVADA, COUNTY OF Douglas

This instrument was acknowledged before me on 10/1/12

(date)

by Robert C. Falcke

Person(s) appearing before notary

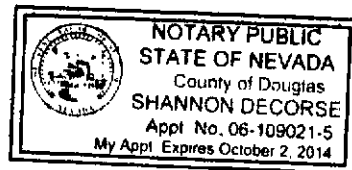
by Darlene J. Falcke

Person(s) appearing before notary

[Signature]

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