

14-

Doc Number: **0838564**

02/20/2014 01:50 PM

OFFICIAL RECORDS

Requested By:  
**BARBARA A. GALBRAITH**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 1 Fee: \$ 14.00  
Bk: 0214 Pg: 3396



**DECLARATION OF HOMESTEAD**

Assessor Parcel Number: 1420-18-211-004

OR

Assessor's Manufactured Home ID Number: \_\_\_\_\_

Recording Requested by and Mail to:

Name: Barbara A. Galbraith

Address: 825 Plymouth Dr.

City/State/Zip: Carson City NV 89705

**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: Barbara Ann Galbraith

do individually or severally certify and declare as follows:

I/We are now residing on the land, premises (or manufactured home) located in the city/town of Carson City, 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)

Lot 9 Block D, Valley Vista Est #2  
825 Plymouth Dr. Carson City NV 89705

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 20 day of February 2014.

Barbara A. Galbraith    \_\_\_\_\_  
Signature    Signature  
Barbara A. Galbraith    \_\_\_\_\_  
Print or type name here    Print or type name here

STATE OF NEVADA, COUNTY OF Douglas

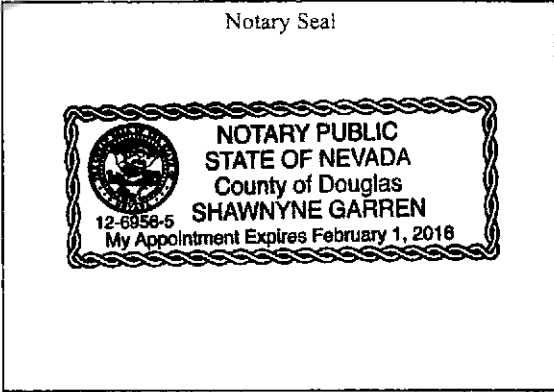
This instrument was acknowledged before me on 2/20/14

by Barbara Ann Galbraith  
Person(s) appearing before notary

by \_\_\_\_\_  
Person(s) appearing before notary

Shawnyne Garren  
Signature of notarial officer

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