



DECLARATION OF HOMESTEAD

Assessor Parcel Number: 1418-34-402-006

OR

Assessor's Manufactured Home ID Number: _____

Recording Requested by and Mail to:

Name: TOMASZ KAROLINA WALAS

Address: PO BOX 5442

City/State/Zip: STATELINE NV 83449

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

TOMASZ WALAS AND KAROLINA WALAS

do individually or severally certify and declare as follows:

TOMASZ WALAS AND KAROLINA WALAS

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)

ALL THAT PORTION OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF LOT 4 SECTION 34, TOWNSHIP 14 NORTH, RANGE 18 EAST, M.D.B & M. LYING EAST OF THE EASTERLY RIGHT OF WAY U.S HIGHWAY 50

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 22 day of APRIL, 20 14.

[Signature]
Signature
TOMASZ WALAS
Print or type name here

[Signature]
Signature
WALAS KAROLINA
Print or type name here

STATE OF NEVADA, COUNTY OF Douglas

This instrument was acknowledged before me on 4/22/14 (date)

by Tomasz Walas Person(s) appearing before notary

by Karolina Walas Person(s) appearing before notary

[Signature]
Signature of notarial officer

CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE.

Notary Seal

