Doc Number: **0846998** 

07/28/2014 11:36 AM OFFICIAL RECORDS Requested By VELVIA LEDBETTER

\$ 14.00 puty sg

DECLARATION OF HOMESTEAD	DOUGLAS COUNTY RECORDERS
Assessor Parcel Number: 1920 - 03 - 311 - 017	Karen Ellison - Recorder
OR	Page: 1 Of 1 Fee:
Assessor's Manufactured Home ID Number:	Bk: 0714 Pg: 6108
Recording Requested by and Mail to:	
Name: Welvia Jelbitter	De
Address: 1295 D. J. A. D.A	\ \
City/State/Zip: Dandnerville MV. 89410	
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	/ /
	$\langle \cdot   \cdot \rangle$
Name on Tiple of Property S, Lod Butter, Sin	GC Womon
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  County of, State of Nevada, and more particularly described as follows:	
(sel forth legal description and commonly known street address OR manufactured home description)  LOT 15, IN BLOOK B FINITH SUBDIVISOR LD A 01-047	
I/We claim the land and premises hereinabove described, together with the dwelling he	MEANT # 457923 ouse thereon, and its appurtenances, or
the described manufactured home as a Homestead.	1.7
In Witness, Whereof, I/we have hereunto set my hand/our hands this <u>18</u> day of	July , 20 14.
Vilva Fill the	Signature
Valvia hallatte	5,8,111,12
Print or type name here Pr	rint or type name here
STATE OF NEVADA, COUNTY OF DOUGLAS	Notary Seal
This instrument was acknowledged before me on 07.28.2014	ivotaly Scal
by Velvia Ledbetter (date)  Person(s) appearing before notary	
r erson(s) uppearing vejore notary	KIMBERLY O'HAIR
by	NOTARY PUBLIC
	STATE OF NEVADA
Signature of novarial officer	My Commission Expires: 06-08-17 Certificate No: 05-97614-5
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