14

DOUGLAS COUNTY, NV

Rec:\$14.00

2014-849979 09/26/2014 02:21 PM

Oct. 2009

Total:\$14.00 **0**ABEL LAW PRACTICE LTD

Pas=1

DECLARATION OF HOMESTEAD	
Assessor Parcel Number: 1420-28-811-021	00000160201408499790010010
OR	
Assessor's Manufactured Home ID Number:	KAREN ELLISON, RECORDER
Recording Requested by and Mail to: Name: Abel Law Practice, Ltd. Address: 6490 S.McCarran Blvd., Bldg D2-Ste 44 City/State/Zip: Reno, NV 89509	
Check One:  ☐ Married (filing jointly)  ☐ 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 The Barbara L. Ford Living Trust, U/A dated September 11, 2014	
do individually or severally certify and declare as follows:  Barbara L. Ford	
is/are now residing on the land, premises (or manufactured home) located in County of Douglas , State of Nevada, and more particularly	the city/town of Minden y described as follows:
(set forth legal description and commonly known street address OR manufac	tured home description)
Lot 21 of SARATOGA HEIGHTS UNIT NO. 1, according to the ma County Recorder, State of Nevada, on May 15, 1961, as Document N	p thereof, filed in the office of the Douglas o. 17827.
I/We claim the land and premises hereinabove described, together with the described manufactured home as a Homestead.	welling house thereon, and its appurtenances, or
In Witness, Whereof, I/we have hereunto set my hand/our hands this 11 d	ay of September , 2014
Signature Barbara L. Ford, Trustee	Signature
Print or type name here	Print or type name here
STATE OF NEVADA, COUNTY OF WASHOE  This instrument was acknowledged before me on 9-11-14	Notary Seal
by BARBARA L. FDED  Person(s) appearing before notary  by  Person(s) appearing before notary  CWWYWW Prww	CHRISTINE BRAUN  NOTARY PUBLIC  STATE OF NEVADA  Appt. No. 94-3268-2  My Appt. Expires May 10, 2017
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.