

DECLARATION OF HOMESTEAD

Assessor's Parcel Number (APN):

1420-34-81D-005

or

Assessor's Manufactured Home ID Number:



00008818201508575860010010

KAREN ELLISON, RECORDER

Recording Requested by and Mail to:

Name: KAREN SIMPSON

Address: 2627 FULLER AVE

City/State/Zip: MINDEN NV 89423

Check One:

- Married (filing jointly) Married (filing individually) Widowed Single Person Multiple Single Persons Head of Family 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:

KAREN SIMPSON

do individually or severally certify and declare as follows:

KAREN SIMPSON

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)

LOT 45 AS SHOWN ON THE MAP OF SIERRA VIEW SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NV. (2627 FULLER AVE, MINDEN NV)

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 26th day of February, 2015.

Karen Simpson Signature

KAREN SIMPSON

Print or type name here

Signature

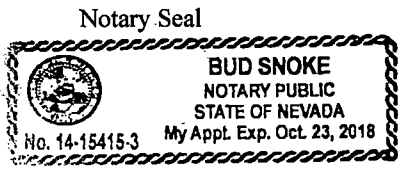
Print or type name here

STATE OF NEVADA, COUNTY OF Carson City This instrument was acknowledged before me on 2/26/15 (date)

By Karen Simpson* Person(s) appearing before notary

By Person(s) appearing before notary

Bud SNOKE Signature of notarial officer



CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM FITS YOUR PURPOSE.

NOTE: Do not write in 1-inch margin. Rev.Feb 2010