DOUGLAS COUNTY, NV

2016-878915

Rec:\$14.00 Total:\$14.00

04/01/2016 02:45 PM

JAMES L ALLEN

Pgs=1

DECLARATION OF HOMESTEAD	
Assessor Parcel Number: 1420 - 18 - 113 - 0	721
OR	0003293620 (8067 89 1300 100 17
Assessor's Manufactured Home ID Number:	KAREN ELLISON, RECORDER
Recording Requested by and Mail to:	\ \
Name: JAMES L. ALLEN THERESA M	1.
Address: 3353 VISTA GRANDE BIND ALLEN	<u> </u>
Name: JAMES L. ALEN THERESA MADDES: 3353 VISTA GRANDE BING ALLEN City/State/Zip: CARSON = 174 NV 897	05
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	
Name on Title of Property JAMES L. ALLEN + THERESA M	Allal
	. AI'EN
do individually or severally certify and declare as follows:	
	an aitr/town of CARSON CITY
is are now residing on the land, premises (or manufactured home) located in the County of Dougles, State of Nevada, and more particularly	described as follows:
(set forth legal description and commonly known street address OR manufactured home description) LOT #219 5'12 VEKADO HEIGHTS #2	
LOT #219 SIZVERADO HEIG	NTS #2
BLOCK C DOCUMENT	GRILOR
Document :	53 / []
I/We claim the land and premises hereinabove described, together with the dw the described manufactured home as a Homestead.	elling house thereon, and its appurtenances, or
	1 1 2 1 2 2016
In Witness, Whereof, I/we have hereunto set my hand/our hands thisday	of the 120 2010
James L. allen Me	ussem aller
Signature Signature The	Signature 0//
Print or type name here	Print or type name here
STATE OF NEVADA, COUNTY OF Douglas	
This instrument was acknowledged before me on 4/1/6	Notary Seal
(date)	
by JUVILS /. HUEV Person(s) appearing before notary	SS(SS(SS(SS(SS(SS(SS(SS(SS(SS(SS(SS(SS(
The case M Aller	NOTARY PUBLIC
by / Person(s) appearing before notary	STATE OF NEVADA County of Douglas
Shawwe Xaven -	12-6956-5 SHAWNYNE GARREN
Signature of notarial officer	My Appointment Expires February 1, 2020
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