DOUGLAS COUNTY, NV

Rec:\$14.00

2016-886862 08/30/2016 12:38 PM

Total:\$14.00

Pgs=1

WILLIAM THOMPSON

	- 11,5 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DECLARATION OF HOMESTEAD	
Assessor Parcel Number: 1419 - 12 - 510 - 001	00041952201608868620010016
OR	KAREN ELLISON, RECORDER
Assessor's Manufactured Home ID Number:	\ \
Recording Requested by and Mail to:	\ \
Name:	\ \
Name: WILLIAM M. THOMPSON  Address: 3562 ARCADIA DH  City/State/Zip: CARSON CITY NV 89705	\ \ \
· · · · · · · · · · · · · · · · · · ·	
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:	
以 Regular Home Dwelling/Manufactured Home	/ /
Name on Title of Property  William M- Thompson	
do individually or severally certify and declare as follows:	
William M THOM PSON	
is/are now residing on the land, premises (or manufactured home) located in the city/to	own of CARSON CITY,
County of Doug LAS, State of Nevada, and more particularly describe	ed as follows:
(set forth legal description and commonly known street address OR manufactured hon	ne description)
3562 ARCHAIN OF FARCEZ 4	of phacec min
3562 ARCHAIN Dr PARCET 4 CARSON CITY NU 89705 DOC# 327	1274
I/We claim the land and premises hereinabove described, together with the dwelling he	ouse 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 30 day of 1/2	206UST 2016.
willing no hun	,
Showfurd	Signature
William M. Thompson	Signature
Print or type name here	int or type name here
STATE OF NEVADA, COUNTY OF CARSON CITI	Notary Seal
This instrument was acknowledged before me on 8/30/16	Notary Boar
by * [ (date) Person(s) appearing before notary	
hv	CLAY MURRAY
Person(s) appearing before notary	NOTARY PUBLIC STATE OF NEVADA
Clas Missour	My Commission Expires: 4-28-18
Signature of notarial officer	Certificate No: 14-13637-2
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
ivorm. Meuve space within x-inch murgin blank on all Slaes.	OCI. 2009