DOUGLAS COUNTY, NV Rec:\$14.00

2017-896393 03/24/2017 03:50 PM

JOANNE G. CAMERON

Pgs=1

Total:\$14.00



DECLARATION OF HOMESTEAD	00052785201708963930010019
Assessor Parcel Number: 1320 - 29 - 117 - 040	KAREN ELLISON, RECORDER
OR	()
Assessor's Manufactured Home ID Number:	\ \
Recording Requested by and Mail to:	\ \
Name: Joanne Gerin Cameron	\ \
Address: 1094 Darhne Court	\ \
Address: 1094 Daphne Court City/State/Zip: Minden, NV 89423	
Check One:	
	7
, 2, 3,	
☐ 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	/ /
Jeanne GERIN CAMERON	/
do individually or severally certify and declare as follows:	
Joanne GERIN CAMERON	
sare now residing on the land, premises (or manufactured home) located in the city/to	
County of Douglas, State of Nevada, and more particularly describ	76.
(set forth legal description and commonly known street address OR manufactured home	
unit 174, as shown on the official P	lat of WinHaven,
Be conto 5, filed for recogn in the of	fice of the County
UNIT NO 5, filed for record in the of Recorder of Douglas Count, NV, on Fe I/We claim the land and premises hereinabove described, together with the dwelling h	burary (b, 1994 in
the described manufactured home as a Homestead.	ouse thereon, and its appurtenances, or
	100
In Witness, Whereof, I/we have hereunto set my hand/our hands this _2_9day of	MRRC1-1, 20 11.
Signature	Signature
Joanne G & AMERON	
Print or type name here Pr	rint or type name here
STATE OF NEVADA, COUNTY OF DOUBLAS	Notary Seal
This instrument was acknowledged before me on 3-24-17	Trotally Boar
by DAnne of Cameron (date)	
by JOAnne & (Amels N Person(s) appearing before notary	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
	NOTARY PUBLIC STATE OF NEVADA
Person(s) appearing before notary	County of Douglas
03-7947	3-5 JODI O. STOVALL (1) Appointment Expires August 5, 2020 (1)
Signature of notarial officer	
CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE.	
ATTION A ON A CONTACT ON COST.	
NOTE: Leave space within 1-inch margin blank on all sides.	Oct. 2009