



KAREN ELLISON, RECORDER

DECLARATION OF HOMESTEAD

Assessor Parcel Number: 1420-28-701-026

OR

Assessor's Manufactured Home ID Number: _____

Recording Requested by and Mail to:

Name: THOMAS A. PRESCOTT / LINDA S GOMEZ-PRESCOTT

Address: 1397 PORTER DRIVE

City/State/Zip: MINDEN, NV 89423

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 Condominium Unit Other

Name on Title of Property

Thomas A Prescott and Linda Gomez-Prescott, Trustees of the Gomez-Prescott

do individually or severally certify and declare as follows: Family Trust dated January 14, 2008

Thomas A Prescott and LINDA S GOMEZ-PRESCOTT

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)

Parcel 3, as shown on the parcel map 7 for DNS Ventures Filed as Document 355414

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 27 day of APRIL, 2017.

Thomas A Prescott
Signature

Linda Gomez-Prescott
Signature

Thomas A. Prescott
Print or type name here

LINDA GOMEZ-PRESCOTT
Print or type name here

STATE OF NEVADA, COUNTY OF DOUGLAS

This instrument was acknowledged before me on 4-27-17

by Thomas A. Prescott (date)
Person(s) appearing before notary

by Linda Gomez-Prescott
Person(s) appearing before notary

Jodi O. Stovall
Signature of notarial officer

CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE.

Notary Seal

NOTARY PUBLIC
STATE OF NEVADA
County of Douglas
JODI O. STOVALL
03-79473-5
My Appointment Expires August 5, 2020

NOTE: Leave space within 1-inch margin blank on all sides.