



KAREN ELLISON, RECORDER

**DECLARATION OF HOMESTEAD**

Assessor Parcel Number: 1320-29-510-002

OR

Assessor's Manufactured Home ID Number: \_\_\_\_\_

Recording Requested by and Mail to:

Name: Christopher P. + Lisa L. McHale

Address: 1139 Monterra Dr.

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

Christopher P. McHale and Lisa L. McHale

do individually or severally certify and declare as follows:

Christopher P. McHale and Lisa L. McHale

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 101 in Block G, Subdivision Map for  
Monterra phase 1, Document No. 653145

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 6 day of October, 2017.

[Signature]  
Signature  
Christopher P. McHale  
Print or type name here

[Signature]  
Signature  
Lisa L. McHale  
Print or type name here

STATE OF NEVADA, COUNTY OF DOUGLAS

This instrument was acknowledged before me on \_\_\_\_\_

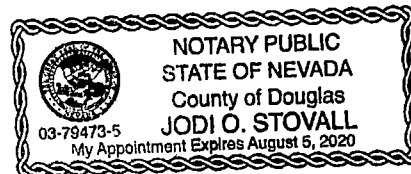
by CHRISTOPHER P. MCHALE (date)  
Person(s) appearing before notary

by LISA L. MCHALE  
Person(s) appearing before notary

[Signature]  
Signature of notarial officer

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

Notary Seal



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

Oct. 2009