

DECLARATION OF HOMESTEAD

Assessor Parcel Number: 1220-04-510-045

OR

Assessor's Manufactured Home ID Number: _____



KAREN ELLISON, RECORDER

Recording Requested by and Mail to:

Name: Tina Alaniz

Address: 1341 Toiyabe Ave

City/State/Zip: Gardnerville, NV 89410

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

Hector and/or Tina M. Alaniz

do individually or severally certify and declare as follows:

Hector and/or Tina Alaniz

is/are now residing on the land, premises (or manufactured home) located in the city/town of Gardnerville, 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)

1341 Toiyabe Ave. not 45 of Carson Valley Estates Subdivision Unit 1
Gardnerville, NV 89410 according to the map thereof filed in the office of the
County Recorder of Douglas County at Gardnerville, Nevada on 11/19/65 in book 33

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, we have hereunto set my hand/our hands this 23rd day of JULY, 2018.

[Signature]
Signature
Tina M Alaniz
Print or type name here

Signature

Print or type name here

STATE OF NEVADA, COUNTY OF _____

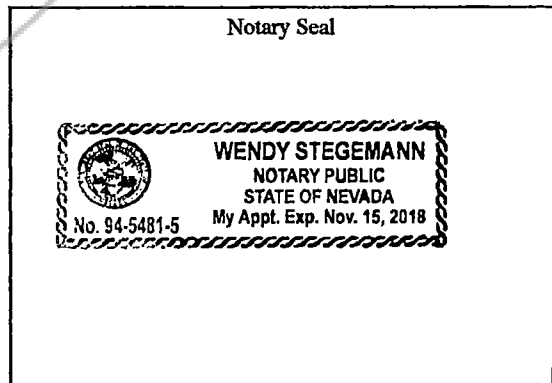
This instrument was acknowledged before me on _____ (date)

by [Signature] Person(s) appearing before notary

by _____ Person(s) appearing before notary

[Signature]
Signature of notarial officer

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

Doc # 2883