DOUGLAS COUNTY, NV

Rec:\$35.00 Total:\$35.00 2019-933359

LINDA WRIGHT

08/12/2019 11:47 AM Pgs=1

DECLARATION OF HOMESTEAD	00096085201909333590010017
Assessor Parcel Number: 1320-30-814-007	KAREN ELLISON, RECORDER
DR .	\ \
Assessor's Manufactured Home ID Number:	\ \
Recording Requested by and Mail to:	\ \
Vame: Linda Welaht	\ \
Address: 1628 Oluan	_
Structure Minden DIL AGG73	

Assessor Parcel Number: 1, 10 30 30 814 00 1 KAREN ELLISON, RECORDER	
OR	
Assessor's Manufactured Home ID Number:	
Recording Requested by and Mail to:	
Name: Linda Welahi	
Address: 1628 Oluand	
City/State/Zip: Moden, No 89423	
Check One:	
☐ Married (filing jointly) ☐ Married (filing individually)	4.
☐ Head of Family ☐ Widowed	N
™ Single Person	1
☐ By Wife (filing for joint benefit of both)	h.,
☐ By Husband (filing for joint benefit of both)	1
□ Other (describe):	
Check One:	_
☐ Regular Home Dwelling/Manufactured Home	ŀ
Name on Title of Property	
Linda Weight	_
do individually or severally certify and declare as follows:	
Linda Wright	_
is/are now residing on the land, premises (or manufactured home) located in the city/town of miden	ر ا
County of, State of Nevada, and more particularly described as follows:	
(set forth legal description and commonly known street address OR manufactured home description)	
See Exhibit A	
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 12 day of August, 2019.	
Signature Signature	
Signature Signature	
Print or type name here Print or type name here	
STATE OF NEVADA, COUNTY OF DOUGLAS Notary Seal	\dashv
This instrument was acknowledged before me on $\frac{8/12/19}{19}$ Notary Seal	
(date)	
by Linda () Whigh the Person(s) appearing before notary	i
MATTARY PUBLIC	ľ
A STATE OF NEVALIA	Ì
Person(st appearing before notary My Commission Expires: 10-12-2020 Certificate No: 16-4033-2	
Signature of notarial officer Certificate No. 10	
	-
CONSULTAN ATTORNEY IF YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE.	
FAIRESS FOR LOURI UNIUSE.	1

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

Oct. 2009