

DECLARATION OF HOMESTEAD

Assessor's Parcel Number (APN): 1920-29-212-034 or
Assessor's Manufactured Home ID Number: _____



KAREN ELLISON, RECORDER

Recording Requested by and Mail to:
Name: LOWELL G. CRAIG
Address: 1089 WYVIMON DRIVE
City/State/Zip: MINDEN NV 89423

Check One:

- Married (filing jointly) Married (filing individually)
- Widowed Single Person Multiple Single Persons Head of Family
- 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:

LOWELL GLEASTONE CRAIG AND SALLIE J CRAIG AS TRUSTEES OF REVOCABLE TRUST
do individually or severally certify and declare as follows:

LOWELL CRAIG AND SALLIE CRAIG
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 108 BLOCKS WYVIMON UNIT #1 DOL 1A373

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 21 day of February, 2020.

Lowell G. Craig
Signature
LOWELL CRAIG
Print or type name here

Sallie J. Craig
Signature
SALLIE J CRAIG
Print or type name here

STATE OF NEVADA, COUNTY OF DOUGLAS This instrument was acknowledged before me on 2-24-2020 (date)

By LOWELL CRAIG
Person(s) appearing before notary
By SALLIE J CRAIG
Person(s) appearing before notary
Jodi O. Stovall
Signature of notarial officer

