

**DECLARATION OF HOMESTEAD**

Assessor's Parcel Number (APN):

1320-32-117-001

or

Assessor's Manufactured Home ID Number:



00113138202009479140010010

KAREN ELLISON, RECORDER

Recording Requested by and Mail to:

Name: CAROL BUHLIG

Address: 1589 WILDROSE DR.

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 jointly for benefit of both)       By Husband (filing jointly for benefit of both)
- Other (describe): \_\_\_\_\_

Check One:

- Regular Home Dwelling/Manufactured Home       Condominium Unit       Other

Name on Title of Property:

Trustee of the Carol Buhlig Living Trust dated Jan. 27, 2007.

do individually or severally certify and declare as follows:

CAROL BUHLIG

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)

1589 WILDROSE DR. Lot 4, Block D, Wildrose #3  
UNIT 3

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/our hands this 16TH day of JUNE, 2020

Carol Buhlig  
Signature

CAROL BUHLIG

Print or type name here

Signature

Print or type name here

STATE OF NEVADA, COUNTY OF Douglas

This instrument was acknowledged before

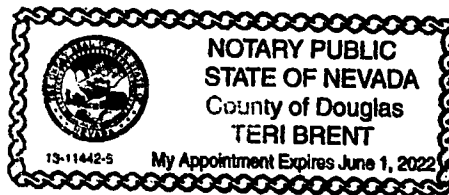
me on 6/16/20  
(date)

Notary Seal

By Carol Buhlig  
Person(s) appearing before notary

By [Signature]  
Person(s) appearing before notary

Signature of notarial officer



**CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM FITS YOUR PURPOSE.**

**NOTE: Do not write in 1-inch margin. Revised Sept. 2019**