

DECLARATION OF HOMESTEAD



Assessor's Parcel Number (APN):
1320-33-714-027

OR SHAWNYNE GARREN, RECORDER

Assessor's Manufactured Home ID Number:

Recording Requested by and Mail to:

Name: JAMES PHILIP COLATORTI

Address: PO Box 3023

City/State/Zip: Gardnerville NV 89410

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): unmarried trustee of the trust

Check One:

- Regular Home Dwelling/Manufactured Home Condominium Unit Other

Name on Title of Property:

JAMES PHILIP COLATORTI, Trustee, or his successors in Trust, under the JAMES PHILIP COLATORTI REVOCABLE LIVING TRUST, dated October 12, 2023

do individually or severally certify and declare as follows:

JAMES PHILIP COLATORTI

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)

Lot 27, Block D, as set forth on FINAL SUBDIVISION MAP No. 1006-6 for CHICHESTER ESTATES, PHASE 6, filed in the office of the County Recorder of Douglas County, Nevada and recorded February 16, 2000 in Book 0200, Page 2552, as Document No. 486411

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 12 day of October, 2023

[Signature]
Signature

JAMES PHILIP COLATORTI
Print or type name here

Signature

Print or type name here

STATE OF NEVADA, COUNTY OF Douglas
me on 10/12/2023
(date)

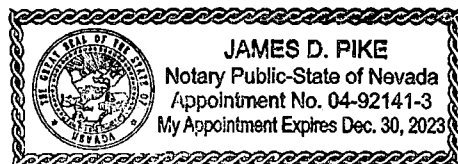
This instrument was acknowledged before

Notary Seal

By JAMES PHILIP COLATORTI
Person(s) appearing before notary

By
Person(s) appearing before notary

[Signature]
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