## 175612

## 

Detaiation		Stead	•
(CHECK ONE)	(Τ	YPE OR PRINT CLEAR	LY WITH BLACK PEN)
MARRIED (filing joint declaration)	☐ Single, Widow or Unmarried Person		
	☐ Multiple Single Persons		
☐ By Husband (filing for joint benefit roth)	☐ Single Head of Family		
☐ By Wife (filing for joint benefit of bo	Other: (Describe)		
By Trustee of Trust (Personal Livinrust)			1
(CHECK ONE) HOUSE MILE HOME			TOWNHOUSE
Name on title of property: THEO VOFT VERNES	C. SHARLENE S.	VERNES	
Do individually and payorally partify and slare that the follo	nuina namad narenne is	s/are residing on the lar	nd premises (or mobile
home_condominium_unit_townhouse) tollows:	10' WHUE PLEET	MOON MOBILE HO	WE
ocated at (street address)			
City of <u>EUREKA</u> , County of <u>EUREKA</u>	_ , State of Nevada, ar	nd more particularly de	scribed as follows:
	•		\ \
SUBDIVISION:	•		_ \ \
LOT: BLOCK:	PLAT BOOK:	PAGE NO.:	
LOT. BLOCK.	FEAT BOOK.	TAGE NO.	
•			
ASSESSORS PARCEL NO.			
		- \	
I/We claim the land and premises hereinab described, togeth	er with the dwelling house	thereon, and its appurter	nances, or the described
mobile home, condominium unit, or townhe as a Homestea The Undersigned person(s) do hereby cerand declare that t	1. here is no current Declar	ation of Homestead on fi	ile.
	1 contrary and the		
In Witness Whereof, I/We have hereunto my hand/our hand	is on MOVEMBER	21,2000	
	13	1////	
Sharlene S. Vernes	supe	orling of Vin	<del></del>
Signature of Declarant	Signati	ure of Declarant	•
SHARLENE S. VERNES	THE	fodore I. Veki	<i>1</i> 52
(Print or type name here)		or type name here)	· · · · · · · · · · · · · · · · · · ·
STATE OF NEVADA			
SS.	use seknowledged before	a ma an	
COUNTY OF This instrument	was acknowledged before	a file off	
Ву ,	\\		
	\ \.	***************************************	1864278825415547 <del>554588</del> 36455945694548888
Vera Baumann	\ \	VERA B	AUMANN
(Signature of Notary Public)		Notary Public -	State of Nevada
My commission expires: 5-13-20	(Notary Stamp)		ed in Eureka County pires: May 13, 2003
RECORDING REQUESTED BY AND M/TO	THIS SPACE FOR	R RECORDERS OFFICE	ONLY
/ 6			
NAME: I'HEO YORE I VERN		· · · · · · · · · · · · · · · · · · ·	- 000
10 0 0 11		воок <i>33</i>	9 PAGE 009
ADDRESS: 40, 80x (42		OFFICIAL	RECORUS WE DEMINDST OF
CITY STATE ZIP: EVREKA N 89316		REGORDED AT T	I Veixes
CITY, STATE, ZIP: EUREKA, N 89316		00 NOV 21	PM 2: 01
			( ., =
		EUREKA COU	HTY NEVADA
NEVADA LEGAL FORMS, INC. (702) 870-8977 • DE7 Consult an attorney if you doubt this forms fitness for yourpose, ODI/ OD	0 0000	M.N. REBALLA	ATI. RECORDER FEES 700
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