## **DECLARATION OF HOMESTEAD**

DECLARATION OF HUMESTEAD	Official Record
Assessor's Parcel Number (APN):	Recording requested By JOHN ESKEW
004-370-27 or	Eureka County - NV
Assessor's Manufactured Home ID Number:	Lisa Hoehne - Recorder
	Fee: <b>\$14.00</b> Page 1 of 1
	RPTT: Recorded By: CH <b>Book-</b> 599 <b>Page-</b> 0399
Recording Requested by and Mail to:	book- 599 Page- 0005
Name: John + Vicki Eskew	1 188112 MAZE 1280 B 2110 JEN1E 18011 AND 1811 AND 18
Address: 1910 Idaho St. Ste#102-5	
City/State/Zip: EIKONV 89801	
	0232706
Check One:	
Married (filing jointly) Married (filing individually)	
	☐Head of Family
By Wife (filing for joint benefit of both)  By Husband (	
Other (describe):	
	ACCESSOR AND
Check One:	
☐ Regular Home Dwelling/Manufactured Home	n Unit 🔲 Other
Name on Title of Property:	
John a Vicki takew	
do individually or severally certify and declare as follows:	
John + Vicki Eskew	/ /
is/are now residing on the land, premises (or manufactured home) locat	ed in the city/town of
Crescent Valle Country of Eureka	State of Nevada and
more particularly described as follows: (set forth legal description and	commonly known street address
	continoiny known street address
or manufactured home description)	
Tarcel 1 of Section 33, Townsh	ie 32 North
Kange 51 East, MOGHM	
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	L. V
\\2	- Max ch
In witness, Whereof, I/we have hereunto set my hand/our hands this 13	day of
	9 / .
Jen & Uu	Single Signature
Signature John ECKEW Vic	Signature K\ FSKeW
Print or type name here Prin	t or type name here
OTHER OF THE COLUMN OF EIVE	- to state an electrical and and and
	s instrument was acknowledged
before me on $3/(3/17)$	AT:: 0 1
(date)	Notary Seal
By John Williams	
Person(s) appearing before notary	
By / W. CS/Co	SARA JONES-O'CONNOR
Person(s) appearing before notary	
Jan der Carrot	APPT, NO. 15-1031-6 My App. Expires December 31, 2017
Signature of notarial officer	ואון האף. בהףווטי

DOC # 0232706

CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM FITS YOUR PURPOSE. NOTE: Do not write in 1-inch margin. Rev. Feb 2010