

MICHAEL & TRACEY MELLARD

DECLARATION OF HOMESTEAD

Assessor's Parcel Number (APN):

50916 005-090-16

Assessor's Manufactured Home ID Number:

N/A



00018792202302508840010011

KATHERINE J. BOWLING, CLERK RECORDER

Recording Requested by and Mail to:

Name: Michael & Tracey Mellard

Address: HC 66 Box 5-4

City/State/Zip: Beowawe

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 Hotel ☒ Other

Name on Title of Property:

Mellard, Michael & Tracey

do individually or severally certify and declare as follows:

is/are now residing on the land, premises (~~on manufactured home~~) located in the city/town of
Beowawe, county of Eureka, State of Nevada, and
more particularly described as follows: (set forth legal description and commonly known street address or
manufactured home description)

1295 1295 Willow Corral Pass
Beowawe NV 89821

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 9 day of August, 2023

[Signature]
Signature
[Signature]
Signature

Tracey Mellard
Print or type name here
Michael Mellard
Print or type name here

STATE OF NEVADA, COUNTY OF Eureka This instrument was acknowledged before
me on 8/9/2023
(date)

Notary Seal

By Tracey Mellard
Person(s) appearing before notary
By Michael Mellard
Person(s) appearing before notary
Maureen Garner
Signature of notarial officer



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

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