

Assessor Parcel Number: 004-141-31 OR

Assessor's Manufactured Home ID number \_\_\_\_\_



Declaration of Homestead (Check One)

- Married (filing jointly)       Married (filing individually)
- Head of Family                       Widowed
- Multiple Single Persons       Single Person
- By Wife (filing for joint benefit of both)
- By Husband (filing for joint benefit of both)
- Other: (Describe) \_\_\_\_\_

A. (Check One)

Regular Home Dwelling/Manufactured Home       Condominium Unit       Other

Name on Title of Property KIMBERLY R. LATHAN

Do individually or severally certify and declare as follows: 503 LINCOLN, Alamo, NV 89001  
is/are now residing on the land, premises (or manufactured home) located in the City of Alamo,  
County of LINCOLN, State of Nevada, and more particularly described as follows:

(set forth legal description and commonly known street address OR manufactured home description)  
The NORTH half (N 1/2) of the Southeast QUARTER (SE 1/4) of the  
SOUTHWEST QUARTER (SW 1/4) of the NORTHWEST QUARTER (NW 1/4) of  
SECTION 5, TOWNSHIP 7 SOUTH, RANGE 61 EAST, M.B.N.

B.  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.

C. (Check One)

(1) No former Declaration of Homestead has been made by me, or us, or either of us.

(2) This Declaration constitutes an abandonment of the former Declaration recorded \_\_\_\_\_

In Witness, Whereof, I/We have hereunto set my hand/our hands this 15<sup>th</sup> day of July, 2009.

Kimberly R. Lathan (Signature)  
(Print or type name here)

\_\_\_\_\_  
(Signature)  
(Print or type name here)

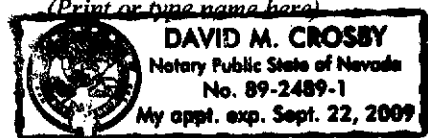
STATE OF NEVADA

COUNTY OF CLARK

This instrument was acknowledged before me on 7-15-09  
Kimberly R. Lathan (date)

(Persons) appearing before notary

[Signature] My commission expires: 9-22-09  
(Signature of notarial officer)



CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE.

Recording Requested by and Mail to:  
Name: KIMBERLY R. LATHAN  
Address/City State/Zip: PO BOX 659, Alamo NV 89001