## ABANDONMENT OF HOMESTEAD

| Assessor Parcel Number:  |                                       |
|--|---------------------------------------|
| OR   |                                       |
| Assessor's Manufactured Home ID Number:                                |                                       |
| Recording Requested by and Mail to:<br>Name:                           |                                       |
| Address:   |                                       |
| City/State/Zip:  |                                       |
|  |                                       |
|  |                                       |
| resident of County, Nevada, her  |                                       |
| real property below described and forever releases and di              |                                       |
| claims of homestead and particularly from any such claim               |                                       |
| , in Book, Document No,  |                                       |
| Document No,,  | County Records.                       |
| Said real property is situate in County                                | , Nevada and is described as follows: |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
| In Witness, Whereof, I/we have hereunto set my hand/our hands thi      | sday of, 20                           |
|  |                                       |
| Signature  | Signature                             |
|  |                                       |
| Print or type name here  | Print or type name here               |
| STATE OF NEVADA, COUNTY OF   |                                       |
| This instrument was acknowledged before me on                          | Notary Seal                           |
| (date)   | ,                                     |
| by  Person(s) appearing before notary                                  |                                       |
| by   |                                       |
| Person(s) appearing before notary                                      |                                       |
|  |                                       |
| Signature of notarial officer  |                                       |
|  |                                       |
| CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM'S FITNESS FOR YOUR PURPOSE. |                                       |
|  |                                       |
|  |                                       |