RECORDING REQUESTED BY:

WHEN RECORDED MAIL DOCUMENT TO:

NAME

MAILING ADDRESS

CITY, STATE ZIP CODE

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

We, and (FULL NAME OF DECLARANT) (FULL NAME OF DECLARANT) (FULL NAME OF DECLARANT)		
We,(FULL NAME OF DECLARANT)	(FULL NAME OF DECLARANT)	and (FULL NAME OF DECLARANT)
lo hereby certify and declare as follow		
	omestead, and make ourselves declared homestead	owners of the premises located in the
•		•
City of	, County of	, State of California, commonly known as
	(STREET ADDRESS)	
and more particularly described as fol	lows: (Give complete legal description)	
2. I,	, own the following interest in the abov	e declared homestead:
	, own the following interest in the abov	
4. I,(FULL NAME OF DECLARA	, own the following interest in the above	ve declared homestead:
5. The above declared homestead is	our principal dwelling and we are currently residing	ng on that declared homestead.
6. The facts as stated in this declara	tion of homestead are known to be true as of our or	wn personal knowledge.
Dated:		
		
	npleting this certificate verifies only the identi he truthfulness, accuracy, or validity of that do	ity of the individual who signed the document to who
STATE OF CALIFORNIA COUNTY OF LOS ANGELES		
	before me,	a Notary Public, personally
appeared		who proved
me on the basis of satisfactory evid o me that he/she/they executed the	ence to be the person(s) whose name(s) is/are same in his/her/their authorized capacity(ies), ty upon behalf of which the person(s) acted, ex	subscribed to the within instrument, and acknowled, and that by his/her/their signature(s) on the
certify under PENALTY OF PER	JURY under the laws of the State of Californi	a that the foregoing paragraph is true and correct.