The Commonwealth of Massachusetts William Francis Galvin, Secretary of the Commonwealth

Declaration of Homestead for Homes Owned

by Natural Persons (General Laws Chapter 188)

In situations where the home is owned by multiple owners, each owner may be best served to complete a separate declaration of homestead.

1. [I,						
		I, (insert name of owner)						
[We,	,					
		(insert name of owners)						
			,					
		hereby declare homestead pursuant to M.G.L. c.188 and state that I/we ov						
		described below and occupy or intend to occupy the home as my/our princip	oal residence.					
		Owner Informatio	n					
2.	Ch	eck all that apply:						
[I/we,		am elder	lv (62 vea	rs of age or older).		
		(insert name (s))				0 /		
[□ I/we,						
		(insert na	ıme (s))					
		under 42 U.S.C. 1382c(a)(3)(A) and 42 U.S.C. 1382c(a)(3)(C). One of t copy of a disability award letter issued to the person by the United States physician registered with the board of registration in medicine certifying in 42 U.S.C. 1382c(a)(3)(A) and 42 U.S.C. 1382c(a)(3)(C).	lministration neets the disa	, or 2) a l bility req	etter signed by a uirements stated			
[I am married to						
[I/we,(insert name (s))						
am/are servicemember(s) who may be subject to protection under the servicemember(s) Civil Relief Act, 50 U.S.C.								
		<i>Ju 0.0.</i> c	<i></i>					
		Home Information	ı					
3. A	Add	ress:				_, Massachusetts.		
		(street number and	d name, city/town)					
4. S	Sele	ct ONE of the following:						
		Deed is recorded in Regis	try of Deeds in		and			
		(district/county)		(book)		(page)		
		Certificate of Title registered in the Land Reg <i>(number)</i>	istration Office	(book)	and	(page)		
		(number)				10		
		Inheritance from	owner)			, Docket number		
		in						
		(number)		(county)				
		For manufactured homes, license number						
			(number)			······································		

5. I/we, whose names are signed on this document, acknowledge that I/we sign it voluntarily for its stated purpose.

To be signed by Applicant(s) in front of Notary Public.		
Signed under pains and penalties of perjury this		
	day of	, 20 .
	,	
For Use by Notary Public Only:		
COMMONV	VEALTH OF MASSACHUSETTS	
	, SS.	
, 20	, before me, the undersigned notary public, personally app	eared
(name(s)) of the document signer(s))	,
proved to me through satisfactory evidence of identification	on, which were (drivers license, passport, etc.)	
	locument in my presence, and who swore or affirmed to me that t	
Notary Public:		
My commission expires:		