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

Declaration of Homestead for Homes Owned

by Natural Persons (General Laws Chapter 188)

	ions where the home is owned by multiple owners, each owner may erved to complete a separate declaration of homestead.			
п т				
□ 1,	(insert name of owner)			
L V	We,, (insert name of owners)			
_				
_	,			
	ereby declare homestead pursuant to M.G.L. c.188 and state that I/we own the home escribed below and occupy or intend to occupy the home as my/our principal residence.			
	Owner Information			
Chec	ck all that apply:			
□ I/	/we,	am elder	ly (62 yea	ars of age or older)
	/we,	_		,
□ I/	/we,			
	(insert name (s))			
co pl	nder 42 U.S.C. 1382c(a)(3)(A) and 42 U.S.C. 1382c(a)(3)(C). One of the following must opp of a disability award letter issued to the person by the United States Social Security Adhysician registered with the board of registration in medicine certifying that each person new forms of the control of the control of the security of the control of the con	lministration	n, or 2) a l	letter signed by a
pl in	opy of a disability award letter issued to the person by the United States Social Security Adhysician registered with the board of registration in medicine certifying that each person in 42 U.S.C. 1382c(a)(3)(A) and 42 U.S.C. 1382c(a)(3)(C).	lministration neets the disa	a, or 2) a Ì	letter signed by a quirements stated
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cc pl in I w I/ an bo	opy of a disability award letter issued to the person by the United States Social Security Adhysician registered with the board of registration in medicine certifying that each person in 142 U.S.C. 1382c(a)(3)(A) and 42 U.S.C. 1382c(a)(3)(C). am married to	Iministration neets the disa	residence 50 U.S.C	e. C. App 533, should , Massachusetts
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(number)

To be signed by Applicant(s) in front of Notary Public.	
igned under pains and penalties of perjury this	
	_day of
COMMONW	EALTH OF MASSACHUSETTS
, ,	
	, ss, before me, the undersigned notary public, personally appeared
	, ss, before me, the undersigned notary public, personally appeared
	, ss, before me, the undersigned notary public, personally appeared
roved to me through satisfactory evidence of identification to be the person(s) who signed the preceding or attached do	, ss, before me, the undersigned notary public, personally appeared of the document signer(s)) , which were, (drivers license, passport, etc.) cument in my presence, and who swore or affirmed to me that the cont
, 20	, ss, before me, the undersigned notary public, personally appeared of the document signer(s)) , which were, (drivers license, passport, etc.) cument in my presence, and who swore or affirmed to me that the cont

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

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

Declaration of Homestead for Homes Owned

by Trustee(s) (General Laws Chapter 188)

. L	I,, Trustee (insert name of owner)	
П		
	We,, (insert name of owners)	
	, Trustees	
	of certain trust	
	of certain trust (trust name)	
	dated, and recorded, and, (book) (page)	
	(date) (book) (page)	
	hereby declare homestead pursuant to M.G.L. c.188 and state that I/we own the home described below and which the beneficiaries listed herein occupy or intend to occupy as his/her/their principal residence:	
	Beneficiary Information	
2. Ent	ter beneficiary name(s):	
. Cl	(insert beneficiary name(s)) heck all that apply and enter beneficiary name(s):	
). CI	***	
	is/are elderly (62 years (insert beneficiary name(s))	of age or older).
Ш	(insert beneficiary name(s))	
	is/are disabled (have a physical or mental impairment that meets the disability requirements for Supplemental Secur under 42 U.S.C. 1382c(a)(3)(A) and 42 U.S.C. 1382c(a)(3)(C). One of the following must be attached: 1) an origin copy of a disability award letter issued to the person by the United States Social Security Administration, or 2) a letter physician registered with the board of registration in medicine certifying that each person meets the disability required in 42 U.S.C. 1382c(a)(3)(A) and 42 U.S.C. 1382c(a)(3)(C).	al or certified ter signed by a
	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. as be called to active duty.	App 533, should I
i. Fo	or each applicable beneficiary, complete one statement. Attach additional page(s) as necessary.	
	is married to	
_	is married to who is not a co-owner of the home but who occupies or intends to occupy the home as his/her principal residence.	
Ш	who is not a co-owner of the home but who occupies or intends to occupy the home as his/her principal residence.	
	Home Information	
5. Ado	dress:	, Massachusetts.
	(street number and name, city/town)	

6. Selec	et ONE of the following	:					
	Deed is recorded in _		Registry of Deeds in and _			_ and	
			ct/county)		(book)		
	Certificate of Title _	(number)	_ registered in the Land Registra	ation Office	(book)	_ and _	(page)
	T. 1	, ,			, ,		
	Inneritance from		(name of previous own	ner)			_, Docket numbe
			in				
	For manufactured hor	nes, license number	·	(number)			
		me(s) are signed on	this document, acknowledge tha				
Signed	under pains and penalti	es of perjury this					
			day of				, 20
For Use	e by Notary Public On	•	MONWEALTH OF MASSAC	HUSETTS			
			, SS.				
			_, 20 , before me, the ur	ndersigned nota	ry public, pe	rsonally a	appeared
		((name(s) of the document signer(s)))			······································
proved	to me through satisfacto	ory evidence of iden	tification which were				
proved	to me timough satisfacto	ny evidence or iden	tification, which were	(drivers lice	rnse, passport,	etc.)	,
			ached document in my presence of (his) (her) (their) knowledge		or affirmed	to me th	at the contents of
Notary	Public:						
My con	amission expires						