

DECLARATION OF HOMESTEAD
Elderly or Disabled Person

I/WE, _____
Name(s) of Declarant(s)

owning and occupying as a principal residence the property at

_____ in _____
(Street Address) (City/Town)

Plymouth County, Massachusetts,

- being 62 years of age or older;
- being physically or mentally disabled and because of such disability, not able to engage in substantial gainful employment;

which property was acquired by

- inheritance from _____
Probate Court # _____
- deed from _____
dated _____ and recorded in Plymouth County
Registry of Deeds, Book _____ Page _____
- Certificate of Title # _____ LOT(S) _____ on
Plan No. _____ filed with Certificate of Title No. _____
Plymouth County Registry of Deeds, Land Court Division.

hereby declare a homestead in said premises under the provisions of Chapter 188, Section 1A, of the General Laws of Massachusetts.

Witness my / our hand and seal this _____ day of _____, 20_____

Signature _____

Print Name _____

Signature _____

Print Name _____

Return to this address:

Commonwealth of Massachusetts

County of Plymouth

} SS.

On this the _____ day of _____, _____, before me,
Day Month Year

_____, the undersigned Notary Public,
Name of Notary Public

personally appeared _____
Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were

Description of Evidence of Identity

to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(.)

as partner(s) for _____
Name of Partnership
_____, a partnership.

as _____ for
Title of Office
_____, a corporation.
Name of Corporation

as attorney in fact for _____
_____, the principal.
Name of Principal Signer

as _____, for _____
Type of Capacity
_____, a/the _____.
Name of Person/Entity Type of Entity

Signature of Notary Public

Printed Name of Notary

Place Notary Seal and/or Any Stamp Above

My Commission Expires _____