

Filing Fee: \$35

Customer Service can be reached at 978-542-1704

The Commonwealth of Massachusetts  
William Francis Galvin, Secretary of the Commonwealth  
John L. O'Brien, Jr, Southern Essex District Register of Deeds

ELDERLY HOMESTEAD  
REGISTERED LAND

### Declaration of Homestead (General Laws Chapter 188, Sections 1 and 1A)

1. Name: \_\_\_\_\_ YOUR NAME HERE \_\_\_\_\_, and

\_\_\_\_\_ SPOUSE'S NAME HERE \_\_\_\_\_

*(add a second name only if Elderly (over 62 years of age) or disabled)*

2. Property Address: \_\_\_\_\_ ADDRESS OF PROPERTY BEING HOMESTEADED \_\_\_\_\_

*(street number and street name)*

\_\_\_\_\_ CITY OR TOWN HERE \_\_\_\_\_, Massachusetts.

*(city or town)*

3. Select **ONE** of the following:

For Recorded Land (Deed/Inheritance): The deed being recorded in \_\_\_\_\_ (book) \_\_\_\_\_ (page)

or \_\_\_\_\_ (docket number) from \_\_\_\_\_ (county) Probate Court.

**OR**

**FOR HELP IN FINDING YOUR CERTIFICATE OF TITLE -- CALL CUSTOMER SERVICE**

For Registered Land (Certificate of Title): As Certificate of Title AT 978-542-1704 registered in the Land (*number*)  
Registration Office in \_\_\_\_\_ (book) \_\_\_\_\_ (page).

4. Check if **ELDERLY** (over 62 years of age) or **disabled**

I (We), being 62 years of age or older or being physically or mentally disabled and because of such disability, am (are) not able to engage in substantial, gainful employment, which disability is evidenced by the attached award letter from the Social Security Administration or certification by a physician licensed by the Commonwealth of Massachusetts.

I (We) hereby declare that I (we) am (are) possessed of, and occupy said premises as a residence and Homestead as provided in Chapter 188, Section 1 or 1A, of the Massachusetts General Laws, as amended. I (We) expressly reserve the right to myself and my spouse, or to the survivor of us, our legal representatives, to revoke and rescind this Homestead as to ourselves and the rights of our minor, unmarried children.

#### To be Signed by Applicants in Front of Notary Public:

Witness my (our) hand(s) and seal this \_\_\_\_\_ DATE \_\_\_\_\_ day of \_\_\_\_\_ MONTH \_\_\_\_\_, 20 \_\_\_\_\_ YEAR \_\_\_\_\_.

Signature(s): \_\_\_\_\_ YOUR SIGNATURE\_/ SPOUSE'S \_\_\_\_\_

#### For Use by Notary Public Only:

#### COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_ ESSEX \_\_\_\_\_, ss.

\_\_\_\_\_ MONTH & DAY \_\_\_\_\_, 20 \_\_\_\_\_ YEAR \_\_\_\_\_, before me, the undersigned notary public, personally appeared

\_\_\_\_\_ PRINT NAME(S) FROM #1 TOP OF PAGE \_\_\_\_\_,

*(name(s) of the document signer(s))*

proved to me through satisfactory evidence of identification, which were \_\_\_\_\_,

*(drivers license, passport, etc.)*

to be the person(s) whose name is (are) signed on the preceding or attached document in my presence.

Notary Public: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ My commission expires: \_\_\_\_\_ MM/DD/YY \_\_\_\_\_