

Filing Fee: \$35

Customer Service can be reached at 978-542-1704

The Commonwealth of Massachusetts

REGULAR HOMESTEAD

William Francis Galvin, Secretary of the Commonwealth

REGISTERED LAND

John L. O'Brien, Jr., Southern Essex District Register of Deeds

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

1. Name: YOUR NAME HERE, and

(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 _____ from _____ Probate Court.
(docket number) *(county)*

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

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