Filing Fee $35

The Commonwealth of Massachusetts

William Francis Galvin, Secretary of the Commonwealth

Declaration of Homestead for Homes Owned by Trustee(s) *(General Laws Chapter 188)*

1. ☐ I, _____ , Trustee
(insert name of owner)

☐ We, _____ ,
(insert name of owners)

_____ , Trustees

of certain trust _____
(trust name)

_____ ,

dated _____ and recorded _____ and _____
(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. Enter beneficiary name(s): _____
(insert beneficiary name(s))

3. Check all that apply and enter beneficiary name(s):

☐ _____ is/are elderly (62 years of age or older).
(insert beneficiary name(s))

☐ _____
(insert beneficiary name(s))

is/are disabled (have a physical or mental impairment that meets the disability requirements for Supplemental Security Income 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 original or certified copy of a disability award letter issued to the person by the United States Social Security Administration, or 2) a letter signed by a physician registered with the board of registration in medicine certifying that each person meets the disability requirements stated in 42 U.S.C. 1382c(a)(3)(A) and 42 U.S.C. 1382c(a)(3)(C).

☐ 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. App 533, should I/we be called to active duty.

4. For each applicable beneficiary, complete one statement. Attach additional page(s) as necessary.

☐ _____ 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.

☐ _____ 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.

Home Information

5. Address: _____ , Massachusetts.
(street number and name, city/town)

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

☐ Deed is recorded in _____ Registry of Deeds in _____ and _____
(district/county) *(book)* *(page)*

☐ Certificate of Title _____ registered in the Land Registration Office _____
(number) *(document #)*

☐ Inheritance from _____ , Docket number
(name of previous owner)
_____ in _____ .
(number) *(county)*

☐ For manufactured homes, license number _____ .
(number)

☐ Ground Lease is recorded in Southern Essex Registry of Deeds herewith.

7. I/we, the trustee(s) whose name(s) 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:

COMMONWEALTH OF MASSACHUSETTS

_____ , ss.

_____ , 20 _____ , before me, the undersigned notary public, personally appeared

_____ ,
(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) who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) (their) knowledge and belief.

Notary Public: _____

My commission expires: _____