

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
Pan 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:

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) (Name of Corporation)
a corporation.

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

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

Signature of Notary Public

Printed Name of Notary

Place Notary Seal and/or Any Stamp Above

My Commission Expires _____