

PLYMOUTH COUNTY REGISTRY OF DEEDS

John R. Buckley, Jr. Register of Deeds

Declaration of Homestead for Homes Owned by Natural Persons

Space for Recording Use

I/We, _____,

(identify each owner to be benefited by the homestead)

hereby declare homestead pursuant to M.G.L. c188 with respect to the premises described below and state:

1. **PROPERTY:** I am an owner/We are the owners of the premises at _____

_____ [] a manufactured home **OR** [] by virtue of:

a. [] a deed dated _____ and recorded at Book _____, Page _____; or

b. [] Certificate of Title No. _____; or

c. [] a deed recorded/filed herewith; or

d. [] inheritance from _____, Probate Case No. _____ in

_____ County; or

e. [] Other (describe; license number if manufactured home) _____

and I/we occupy or intend to occupy said premises as my/our principal residence.

2. **MARITAL STATUS:** I am/we are:

a. [] unmarried; or

b. [] married to each other; or

c. [] married to _____, who **is** a co-owner of the premises and who:

i. [] does not occupy or intend to occupy the premises as his/her principal residence; or

ii. [] occupies or intends to occupy the premises as his/her principal residence and who has the benefit of a declaration of homestead [] recorded at Book _____, Page _____; or [] filed with the Registry District of the Land Court as Document No. _____; or [] recorded/filed herewith.

d. [] married to _____, who **is not** a co-owner of the premises and who:

i. [] also occupies or intends to occupy the premises as his/her principal residence; or

ii. [] does not occupy or intend to occupy the premises as his/her principal residence.

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3. ELDERLY/DISABLED HOMESTEAD (if applicable)

I/we _____ am/are 62 years of age or older.

I/we, _____ am/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).

Signed under pains and penalties of perjury this _____ day of _____, 20_____

(signature)

(signature)

(signature)

(signature)

For Use by Notary Public Only:

Commonwealth of Massachusetts

_____, ss.

On this _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared _____ and proved to me through satisfactory evidence of identification which were _____ 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:_____