

DECLARATION OF HOMESTEAD

I/We \_\_\_\_\_  
(applicant(s) must be OVER 62 years of age or disabled\*)

\_\_\_\_\_   
(one name only if UNDER 62 years of age)

owning and residing at \_\_\_\_\_  
(street address)

in \_\_\_\_\_ County,  
Massachusetts, (city | town)

acquired via: (check one)  Inheritance  Deed from:  
\_\_\_\_\_  
(previous owner)

dated \_\_\_\_\_ and recorded in Registry of Deeds Book # \_\_\_\_\_ Page # \_\_\_\_\_

OR as Certificate of Title no. \_\_\_\_\_ (if recorded in the Land Court Dept.)

hereby declare that I/We hold said real estate as a homestead under the provisions of Chapter 188, sections 1 or I A of the General Laws of Massachusetts and expressly reserving the right to myself (and my spouse) or to the survivor of us, or our legal representative, to revoke and rescind this Homestead as to ourselves and to the rights of our minor, unmarried children.

\*NOTE: "Disabled" applicants are physically or mentally disabled and because of such disability, not able to engage in substantial gainful employment as is evidenced by the attached certification.

The remainder of this form to be completed in the presence of a Notary Public.

Witness my/our hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature(s): \_\_\_\_\_

\* COMMONWEALTH OF MASSACHUSETTS \*

\_\_\_\_\_, ss., \_\_\_\_\_, 20 \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_, Notary Public

My Commission expires: \_\_\_\_\_

This form is to be recorded at the Registry of Deeds for the county in which the Property is located. Filing fee is \$35.00 payable to Commonwealth of Massachusetts.