

The Commonwealth of Massachusetts

Stephen J. Murphy, Register of Deeds

William Francis Galvin, Secretary of the Commonwealth

Declaration of Homestead for Homes Owned by Trustee(s)

(General Laws Chapter 188)

I, _____, Trustee
(insert name of trustee)

We, _____, Trustee
(insert name of trustee)

_____, Trustee

_____, Trustee

of the _____ dated _____
(name of the trust)

and recorded _____ and _____ hereby declare homestead pursuant to M.G.L. c.188 and state that I/we
(book) (page)

own the home described below and which the beneficiaries listed herein occupy or intend to occupy the home as his/her/their principal residence.

Beneficiary Information

2. Check all that apply:

I/we, _____ am elderly (62 years of age or older).
(insert name(s))

I/we, _____
(insert name(s))

am/are disabled (have a physical or mental impairment that meets the disability 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, _____ am/are servicemembers(s) who may be subject to protection under the Servicemember(s) Civil Relief Act, 50 U.S.C. 533, should I/we be called to active duty.

3. For each applicable beneficiary, complete one statement. Attach additional pages as necessary.

I/we _____ am/are a beneficiary(s) who occupies or intends to occupy the home as his/her principal residence.

I _____ am 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

4. Address: _____, Suffolk County, Massachusetts.
(street number and name, city/town)

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

- Deed is recorded in SUFFOLK COUNTY Registry of Deeds in Book _____ on Page _____
- Certificate of Title Number _____ registered in the Land Registration Office in Book _____ on Page _____
- Inheritance from _____, Docket number _____ in _____ County.
(name of previous owner) *(number)*
(county)
- For manufactured homes, license number _____.

6. I/we, whose names 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____.

Signature of Trustee

Signature of Trustee

Signature of Trustee

Signature of Trustee

For use by Notary Public Only:

COMMONWEALTH OF MASSACHUSETTS

_____, SS.

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory 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:

Please mail original along with
a self addressed stamped envelope and
a check or money order for \$35.00 made payable to:
"The Commonwealth of Massachusetts"
Suffolk Registry of Deeds
24 New Chardon Street
P.O. Box 9660
Boston, MA 02114-9660