



The Commonwealth of Massachusetts

County of Hampden
Register of Deeds
Donald E. Ashe

HALL OF JUSTICE
50 STATE STREET
SPRINGFIELD, MA 01103

TELEPHONE
(413) 755-1722/784-1479
FAX (413) 731-8190

1. Complete the form, entering the previous owner's name, date, book and page number of your deed, or the certificate of title number if recorded in the registered land department.
2. The form must be signed in the presence of a Notary Public.
3. **The filing fee is \$35.00.** The Hampden County Registry of Deeds accepts cash, bank checks and money orders.
4. Your homestead may be recorded in person, or you may send your completed homestead form and correct filing fee with a **self-addressed, stamped envelope** to:

Hampden County Registry of Deeds
50 State Street
Springfield, MA 01103
5. You should receive your original homestead form in the mail within a week from the filing date. However, if your property is registered with the Land Court Department, your original homestead form will stay in the Registry of Deeds.
6. You may obtain a certified copy at any time for a fee of \$1.00 per page.
7. If you have any questions, please call (413) 755-1722 or (413) 784-0479.

DECLARATION OF HOMESTEAD
HAMPDEN COUNTY REGISTRY OF DEEDS
DONALD E ASHE, Register

I/We _____
(applicants must be OVER 62 years of age or disabled)

I _____
(one name only if UNDER 62 years of age)

Owning and residing at _____
(street address)

in _____, Hampden County, Massachusetts,
(City)

Acquired via:

Inheritance from _____ Probate No. _____
(Previous owner)

Deed from _____ Dated _____
(Previous owner)

And recorded in the Registry of Deeds Book _____ Page _____

Or as Certificate of Title # _____ (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 1A 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 representatives, to revoke and rescind this Homestead as to ourselves and to the rights of our minor, unmarried children.

The remainder of this form shall 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.,

On this _____ day of _____ 20_____, before me, the undersigned notary public, personally appeared

The above-named,

Proved to me through satisfactory evidence of identification, which was/were, _____

_____ To be the person(s) whose name(s) is/are signed on this document in my presence,
and acknowledged the foregoing to be his/her/their free act and deed before me.

_____, Notary Public

My commission expires: _____