

DECLARATION OF HOMESTEAD

FOR

DISABLED PERSONS

KNOW ALL MEN BY THESE PRESENTS THAT I/We, _____
_____ of _____ COUNTY OF WORCESTER AND
COMMONWEALTH OF MASSACHUSETTS as a homeowner and being entitled to an Estate of Homestead in
the land and buildings hereinafter described, am filing for protection as a disabled person, I do hereby declare that
I utilize said premises as my principal residence under Massachusetts General Laws, Chapter 188, as amended to
wit:

Property Location: _____

Deed Reference: Book _____

Page _____

Attach Physician's letter here

OR

Original or certified copy of SS disability award letter

Witness my hand and seal this _____ day of _____, 20

COMMONWEALTH OF MASSACHUSETTS

Worcester, SS.

Date _____

On this day 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 above document, and
acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires: