

Filing Fee \$35

The Commonwealth of Massachusetts  
**CHERYL A COAKLEY-RIVERA, ESQ., REGISTER**  
Hampden County Registry of Deeds

[www.hampdendeeds.com](http://www.hampdendeeds.com)

**Declaration of Homestead for Homes owned in TRUST** (*General Laws Chapter 188*)

*All applicants should seek the advice of an attorney prior to filling out and recording a Declaration of Homestead. The Hampden County Registry of Deeds assumes no liability with regard to the accuracy or validity of the content in this Declaration of Homestead.*

*I/we, hereby declare homestead pursuant to M.G.L. c.188 and state that I/we own the home described below and occupy or intend to occupy the home as my/our principal residence.*

**Trustee Name(s): (Please print)**

**1.**

I/we \_\_\_\_\_, \_\_\_\_\_, Trustee

\_\_\_\_\_, \_\_\_\_\_, Trustee

of certain trust \_\_\_\_\_  
(Trust name)

Trust or Trustee Certificate recorded in Unregistered Land Dept \_\_\_\_\_ page \_\_\_\_\_  
(book) (page)

**OR**  
Trust or Trustee Certificate recorded in Registered Land Dept \_\_\_\_\_ and \_\_\_\_\_  
(certificate #) (document #)

hereby declare homestead pursuant to M.G.L. c.188 and state that I/we own the home described below and which the beneficiaries listed herein occupy or intend to occupy as his/her/their principal residence:

**2. Beneficiaries that are under 62 years of age:**

I/we, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

**3. Beneficiaries that are over 62 years of age:** I/we, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

**Beneficiaries that are disabled:** I/we, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

is/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).

**Servicemember:**

I/we, \_\_\_\_\_

am/are servicemember(s) who may be subject to protection under the servicemember(s) Civil Relief Act, 50 U.S.C. 553, should I/we be called to active duty.

**4. For each applicable beneficiary, complete one statement. Attach additional page(s) as necessary.**

\_\_\_\_\_ is 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.

\_\_\_\_\_ is 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.

**5. Property Address** \_\_\_\_\_, Massachusetts.  
(Street number and name, city/town)

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

- Deed is recorded in Hampden County Registry of Deeds in Book \_\_\_\_\_, Page \_\_\_\_\_
- Inheritance Docket # \_\_\_\_\_
- Divorce Docket # \_\_\_\_\_
- Certificate of Title # \_\_\_\_\_ registered in the Land Registration Office.
- For manufactured homes, list serial # \_\_\_\_\_.

**7.** I/we, the trustee(s) whose name(s) 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 \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

**For use by Notary Public Only:**

**Commonwealth of Massachusetts**

\_\_\_\_\_, ss.  
(County where signed)

\_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned notary public, personally appeared

\_\_\_\_\_  
(Print name of signing trustee(s))

Proved to me through satisfactory evidence of identification, which were \_\_\_\_\_,  
(Drivers license, passport, etc)

to be the person(s) who signed the preceding or attached document and acknowledged to me that (he) (she) (they) signed it voluntarily for its stated purpose.

Notary Public signature: \_\_\_\_\_ Printed Name \_\_\_\_\_

My commission expires: \_\_\_\_\_

**William Francis Galvin**, Secretary of the Commonwealth