

## HOMESTEAD DEED FOR PERSONAL PROPERTY

Name of Householder: \_\_\_\_\_

Is the householder a disabled veteran entitled to claim the additional exemption under 34-4? \_\_\_\_\_

Address of Householder: \_\_\_\_\_

Name(s) and age(s) of dependent(s): \_\_\_\_\_

County/city in which householder resides: \_\_\_\_\_

Description of property claimed as exempt and its value:

<u>Property Description</u>	<u>Value</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
Total \$ _____	

Number of homestead deeds that have been filed by the Householder: \_\_\_\_\_

Exemption amount previously claimed on prior homestead deeds: \_\_\_\_\_

List the jurisdictions where previous homestead deeds were filed: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Householder)

Commonwealth of Virginia:

In the City/County of \_\_\_\_\_ To Wit:

Subscribed and sworn to (or affirmed) before me this day:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk Deputy Clerk Notary Public (My Commission expires:    /    /    )

Prepared By:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_