EF-261-D-R02-0810-29000200-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBERS CIVIL RELIEF ACT DECLARATION

Pursuant to section 571(d) of the Servicemembers Civil Relief Act (50 U.S.C. Appendix), the personal property of a servicemember shall not be deemed to be located or present in, or to have a situs for taxation in, the tax jurisdiction in which the servicemember is serving in compliance with military orders.



Rolf D. Kleinhans Nevada County Assessor

Attn: Business Property Division 950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1259 Fax (530) 265-9858

Email: assessor@nevadacountyca.gov

| SERVICEMEMBER NAME | | | | | | | DAYTIME TELEPHONE NUMBER | | | |
|-------------------------|---|--|----------|---------------------|---------------------------------|-------|--------------------------|-----------------|-----------------------|--|
| RANK | ORGANIZATION SOCI | | | | OCIAL SECURITY OR SERIAL NUMBER | | | E-MAIL ADDRESS | | |
| MAILING | ADDRESS | | | | CITY | | | STATE | ZIP CODE | |
| LEGAL RESIDENCE ADDRESS | | | | | CITY | | | STATE | ZIP CODE | |
| VOTER F | REGISTRATION CITY | | COUNTY | | | STATE | YEAR LAST VOTED | | | |
| | LIST BELOW | ANY PERSONAL PRO | OPERTY | OR MANL | JFACTURED | HOME | E LOCA | TED IN CAL | IFORNIA. | |
| | | | PER | SONAL PR | OPERTY | | | | | |
| | PROPERTY TYPE | | | DESCRIPTION | | | SERIAL/ID NUMBER | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | MAN | UFACTURE | D HOME | | | | | |
| | MANUFACTURER | | | YEAR OF MANUFACTURE | | | DECAL/SERIAL NUMBER | | | |
| | | | | | | | | | | |
| | RUCTIONS: | rty by type description | n and aa | rial numba | r or ID numb | oor | | | | |
| | List personal property by type, description, and serial number or ID number. Enter the manufacturer, year of manufacture, and decal or serial number of a manufactured home. | | | | | | | | | |
| | Attach a copy of your current leave and earnings statement. | | | | | | | | | |
| | Sign and date the declaration. If you are signing this document with Power of Attorney, attach a copy of the document | | | | | | | | | |
| | through which you have been granted the Power of Attorney. | | | | | | | | | |
| 5. M | Mail the original declaration with attachments to the Assessor's office at the address shown. | | | | | | | | | |
| | | | С | ERTIFICA | TION | | | | | |
| | | penalty of perjury under th or documents, is true and | | | | | | all information | hereon, including any | |
| SIGNATU | JRE OF DECLARANT | | | | | | DATI | E | | |