EF-261-D-R02-0810-41001749-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBER NAME

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.

MARK CHURCH Assessor - County Clerk - Recorder

555 County Center Redwood City, CA 94063 P 650.363.4500 F 650.599.7435 email: assessor@smcacre.gov

DAYTIME TELEPHONE NUMBER

web: www.smcacre.gov

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|-------------------------|--|---|-------------|--------------|---------------------|---------------------|------------------|-------------|-------------------------|--|
| RAN | K | ORGANIZATION | | SUCIAL SECUR | TY OR SERIAL NUMBER | | E-MAIL ADDRESS | | | |
| MAILING ADDRESS | | | | CITY | | | | STATE | ZIP CODE | |
| LEGAL RESIDENCE ADDRESS | | | | | CITY | | | STATE | ZIP CODE | |
| VOTER REGISTRATION CITY | | | | | COUNTY | | | STATE | YEAR LAST VOTED | |
| | | | | | | | 1.2.1.2.6.76.25 | | | |
| | LIST BELOW A | ANY PERSONAL PRO | PERTY (| OR MANL | IFACTURED | HOME | LOCATE | ED IN CAL | IFORNIA. | |
| | | | PERS | SONAL PR | OPERTY | | | | | |
| | PROPERTY T | TYPE | DESCRIPTION | | | | SERIAL/ID NUMBER | | | |
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| | | | MANU | JFACTURE | D HOME | | | | | |
| | MANUFAG | YEAR OF MANUFACTURE | | | | DECAL/SERIAL NUMBER | | | | |
| | | | | | | | | | | |
| INS | STRUCTIONS: | | | | | | | | | |
| 1. | List personal proper | rty by type, description | ı, and ser | ial numbe | r or ID numb | er. | | | | |
| 2. | Enter the manufacturer, year of manufacture, and decal or serial number of a manufactured home. | | | | | | | | | |
| 3. | Attach a copy of you | Attach a copy of your current leave and earnings statement. | | | | | | | | |
| 4. | 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. | Mail the original dec | Mail the original declaration with attachments to the Assessor's office at the address shown. | | | | | | | | |
| | | | CI | ERTIFICA | TION | | | | | |
| | | enalty of perjury under the or documents, is true and c | aws of th | e State of C | California that t | | | information | n hereon, including any | |
| SIGI | IATURE OF DECLARANT | | | | | | DATE | | | |
| | | | | | | | | | | |