EF-261-D-R02-0810-51000836-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBER NAME

SUTTER

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.

KATHY SCRIVEN SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993

Phone: (530) 822-7160 Fax: (530) 822-7198

www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

DAYTIME TELEPHONE NUMBER

| | | | | | | | <u> </u> | | | |
|-------------------------|--|---|-------------|--------------|---------------------|---------------------|------------------|-------------|-------------------------|--|
| 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 | | | |
| | | | | | | | | | | |

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION