EF-261-D-R02-0810-53000456-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBER NAME

RANK

## 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.

ORGANIZATION



SOCIAL SECURITY OR SERIAL NUMBER

## Shanna White County Clerk-Recorder-Assessor

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

DATE

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

P.O. Box 1255

| ECIDENCE ADDRESS        |                     |            | STATE               |                |
|-------------------------|---------------------|------------|---------------------|----------------|
| RESIDENCE ADDRESS       |                     | CITY       |                     | ZIP CODE       |
| ER REGISTRATION CITY    |                     | COUNTY     |                     | YEAR LAST VOTE |
| LIST BELOW ANY PERSONAL | PROPERTY OR MANUFAC | TURED HOME | LOCATED IN CAL      | IFORNIA.       |
|                         | PERSONAL PROPE      | RTY        |                     |                |
| PROPERTY TYPE           | DESCRIPTION         |            | SERIAL/ID NUMBER    |                |
|                         |                     |            |                     |                |
|                         |                     |            |                     |                |
|                         |                     |            |                     |                |
|                         |                     |            |                     |                |
|                         |                     |            |                     |                |
|                         |                     |            |                     |                |
|                         |                     |            |                     |                |
|                         | MANUFACTURED H      | OME        |                     |                |
| MANUFACTURER            | YEAR OF MANUFAC     | TURE       | DECAL/SERIAL NUMBER |                |
|                         |                     |            |                     |                |
|                         |                     |            |                     |                |
| RUCTIONS:               |                     |            |                     |                |

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

**CERTIFICATION** I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any

Sign and date the declaration. If you are signing this document with Power of Attorney, attach a copy of the document

Mail the original declaration with attachments to the Assessor's office at the address shown.

accompanying statements or documents, is true and correct to the best of my knowledge and belief.



SIGNATURE OF DECLARANT

Attach a copy of your current leave and earnings statement.

through which you have been granted the Power of Attorney.