EF-261-D-R02-0810-49000066-1 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.

## Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888

FAX: (707) 565-3318 FAX: (707) 565-3317

| SERVICEMEMBER NAME |  |   |                   |              |                                  |                     | DAYTIME TELEPHONE NUMBER |                |                       |  |
|--------------------|--|---|-------------------|--------------|----------------------------------|---------------------|--------------------------|----------------|-----------------------|--|
| RANK               | NK ORGANIZATION  |   |                   |              | SOCIAL SECURITY OR SERIAL NUMBER |                     |                          | E-MAIL ADDRESS |                       |  |
| MAILING A          | DDRESS   |   |                   |              | CITY                             |                     |                          | STATE          | ZIP CODE              |  |
| LEGAL RE           | SIDENCE ADDRESS  |   |                   |              | CITY                             |                     |                          | STATE          | ZIP CODE              |  |
| VOTER RE           | EGISTRATION CITY   | <del>                                     </del>        | 1                 |              | COUNTY                           |                     |                          | STATE          | YEAR LAST VOTED       |  |
|                    | LIST BELOW A   | ANY PERSONAL PR   | OPERTY            | OR MANUF     | ACTURE                           | D HOME L            | OCATED                   | IN CALI        | FORNIA.               |  |
|                    |  | $\bigcirc$ $\Lambda$                                    | PER               | SONAL PRO    | PERTY                            |                     |                          |                |                       |  |
|                    | PROPERTY   | TYPE  |                   | DESCRIPTION  |                                  |                     | SEF                      | RIAL/ID N      | UMBER                 |  |
|                    |  |   |                   |              |                                  |                     |                          |                |                       |  |
|                    |  |   |                   |              |                                  |                     |                          |                |                       |  |
|                    |  |   |                   |              |                                  |                     |                          |                |                       |  |
|                    |  |   |                   |              |                                  |                     |                          |                |                       |  |
|                    |  |   |                   |              |                                  |                     |                          |                |                       |  |
|                    |  |   |                   |              | <b>W</b>                         |                     |                          |                |                       |  |
|                    |  |   |                   |              |                                  |                     |                          |                |                       |  |
| MANUFACTURED HOME  |  |   |                   |              |                                  |                     |                          |                |                       |  |
|                    | MANUFA   | YEA   | AR OF MANUFACTURE |              |                                  | DECAL/SERIAL NUMBER |                          |                |                       |  |
|                    |  |   |                   |              |                                  |                     |                          |                |                       |  |
| INISTR             | UCTIONS:   |   |                   |              |                                  |                     |                          |                |                       |  |
|                    |  | rty by type, description                                | on and se         | erial number | or ID num                        | her                 |                          |                |                       |  |
|                    |  | urer, year of manufac                                   |                   |              |                                  |                     | ufactured                | home           |                       |  |
|                    |  | •   |                   |              | iai riuribe                      | i oi a illali       | ulactureu                | nome.          |                       |  |
|                    | 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. Ma              | il the original dec  | claration with attachn                                  | nents to th       | ne Assessor  | s office at                      | the addre           | ss shown.                |                |                       |  |
|                    |  |   | C                 | ERTIFICAT    | ION                              |                     |                          |                |                       |  |
|                    |  | enalty of perjury under to<br>or documents, is true and |                   |              |                                  |                     | g and all inf            | ormation l     | hereon, including any |  |
| SIGNATUR           | SIGNATURE OF DECLARANT   |   |                   |              |                                  |                     |                          |                |                       |  |
|                    |  |   |                   |              |                                  |                     |                          |                |                       |  |