EF-261-D-R02-0810-27000261-1 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.

Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

assessor@co.monterey.ca.us

| SERVICEMEMBER NAME DAYTIME TELEPHON | | | | | | | | |
|--|--|--------------|-----|------------------------|------------|---------------------|-----|--|
| | | | | | | | | |
| RAN | K | ORGANIZATION | | SOCIAL SECURITY OR SER | IAL NUMBER | E-MAIL ADDRESS | | |
| | | | | | | , | | |
| MAII | LING ADDRESS | | | CITY | | STATE ZIP CODE | | |
| LEG | AL RESIDENCE ADDRESS | | | CITY | | STATE ZID CODE | | |
| LEG | AL RESIDENCE ADDRESS | | | CITY | | STATE ZIP CODE | | |
| VOT | ER REGISTRATION CITY | | | COUNTY | | STATE YEAR LAST VOT | TED | |
| LIST BELOW ANY PERSONAL PROPERTY OR MANUFACTURED HOME LOCATED IN CALIFORNIA. | | | | | | | | |
| | | | PEI | RSONAL PROPERTY | Y | | | |
| | PROPERTY | TVDE | | DESCRIPTION | | SERIAL/ID NUMBER | | |
| | TROILITI | | | DEGULATION | | SERIALAD NOMBER | | |
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| | | | | | | | | |
| MANUFACTURED HOME | | | | | | | | |
| | MANUFA | CTURER | YEA | R OF MANUFACTUR | RE | DECAL/SERIAL NUMBER | | |
| | | | | | | | | |
| | | | | | | | | |
| INSTRUCTIONS: | | | | | | | | |
| List personal property by type, description, and serial number or ID number. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | • | | | | | | | |
| 1 | | | | | | | | |
| 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. | 5. Mail the original declaration with attachments to the Assessor's office at the address shown. | | | | | | | |
| 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 accompanying statements or documents, is true and correct to the best of my knowledge and belief. | | | | | | | | |
| SIGN | NATURE OF DECLARANT | | | | | DATE | | |
| | | | | | | | | |