EF-261-D-R02-0810-51000073-1 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.

Kathy Scriven Sutter County Assessor

1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160

Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

| SERVICEMEMBER NAME | | | | | | DAYTIME TELEPHONE NUMBER | | |
|--|--|---------------------|------------|------------------------|------------|--------------------------|-------------------------------|--|
| | | | | | | () | | |
| RAN | ORGANIZATION | | | SOCIAL SECURITY OR SER | IAL NUMBER | E-MAIL ADDRESS | | |
| MANI | LING ADDRESS | | | OLTY | | | OTATE ZID CODE | |
| IVIAII | LING ADDRESS | | | CITY | | | STATE ZIP CODE | |
| LEG | AL RESIDENCE ADDRESS | | | CITY | | | STATE ZIP CODE | |
| VOT | ER REGISTRATION CITY | | | COUNTY | | | STATE YEAR LAST VOTED | |
| LIST BELOW ANY PERSONAL PROPERTY OR MANUFACTURED HOME LOCATED IN CALIFORNIA. | | | | | | | | |
| PERSONAL PROPERTY | | | | | | | | |
| | PROPERTY T | YPE | | DESCRIPTION | | SER | RIAL/ID N <mark>U</mark> MBER | |
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| | | | | | | | | |
| MANUFACTURED HOME | | | | | | | | |
| | MANUFAC | TURER | YEAF | R OF MANUFACTUR | RE | DECAL/S | ERIAL NUMBER | |
| | | | | | | | | |
| INSTRUCTIONS: | | | | | | | | |
| 1. | | v hv tvne descripti | on, and se | erial number or ID r | number | | | |
| 2. | | | | | | | | |
| | · | | | | | | | |
| _ | 3. 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 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 | | |
| | | | | | | 1 | | |