EF-261-D-R02-0810-17000063-1 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.

## Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

| SERVICEMEMBER NAME      |   |             |                     |                   |            | DAYTIME TELEPHONE NUMBER |         |                       |  |
|-------------------------|---|-------------|---------------------|-------------------|------------|--------------------------|---------|-----------------------|--|
| RANK                    | ORGANIZATION  |             | SOCIAL SECUP        | RITY OR SERIAL NU | MBER       | E-MAIL ADDRESS           | ADDRESS |                       |  |
| MAILING ADDRESS         | 3   |             |                     | CITY              |            |                          | STATE   | ZIP CODE              |  |
| LEGAL RESIDENCE ADDRESS |   |             |                     | CITY              |            |                          | STATE   | ZIP CODE              |  |
| VOTER REGISTRATION CITY |   |             |                     | COUNTY            |            |                          | STATE   | YEAR LAST VOTED       |  |
| LIS                     | T BELOW ANY PERSONAI  | PROPER      | TY OR MANU          | JFACTURED         | HOME       | LOCATED I                | N CAL   | IFORNIA.              |  |
|                         |   | Р           | PERSONAL PR         | ROPERTY           |            |                          |         |                       |  |
| PROPERTY TYPE           |   |             | DESCRIPTION         |                   |            | SERIAL/ID NUMBER         |         |                       |  |
|                         |   |             |                     |                   |            |                          |         |                       |  |
|                         |   |             |                     |                   |            |                          |         |                       |  |
|                         |   |             |                     |                   |            |                          |         |                       |  |
|                         |   |             |                     |                   |            |                          |         |                       |  |
|                         |   |             |                     |                   |            |                          |         |                       |  |
|                         |   |             |                     |                   |            |                          |         |                       |  |
|                         |   |             | ANUITA OTUB         | ED LIONE          |            |                          |         |                       |  |
|                         | MANUFACTURER  |             | ANUFACTURI          |                   |            | DECAL/SE                 |         | JI IMPED              |  |
| MANOLACIONEN            |   |             | YEAR OF MANUFACTURE |                   |            | DECAL/SERIAL NUMBER      |         |                       |  |
|                         |   | l .         |                     |                   |            |                          |         |                       |  |
| INSTRUCTION             |   |             |                     | 15 1              |            |                          |         |                       |  |
| ·                       | onal property by type, desc   | •           |                     |                   |            | f                        |         |                       |  |
|                         | e manufacturer, year of mar   |             |                     |                   | or a mar   | nutactured n             | iome.   |                       |  |
|                         |   |             |                     |                   |            |                          |         |                       |  |
|                         | which you have been grant   |             |                     |                   | er or Allo | ппеу, апасп              | га сор  | y or the document     |  |
| 5. Mail the             | original declaration with atta  | achments to | o the Assesso       | or's office at    | the addre  | ess shown.               |         |                       |  |
|                         |   |             | CERTIFICA           | ATION             |            |                          |         |                       |  |
|                         | clare) under penalty of perjury un<br>statements or documents, is tru |             |                     |                   |            |                          | rmation | hereon, including any |  |
| SIGNATURE OF DECLARANT  |   |             |                     |                   |            | DATE                     |         |                       |  |
|                         |   |             |                     |                   |            |                          |         |                       |  |