EF-261-D-R02-0810-27000570-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBER NAME

SERVICEMEMBERS CIVIL RELIEF ACT DE

Pur Reli sen or to servicemember is serving in compliance with military orders.

Xochitl Marina Camacho Monterey County Assessor

DAYTIME TELEPHONE NUMBER

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 onterey.ca.us

| CLARATION | 1850 | Fax: (831) 755-54 | | |
|---|-------|-------------------|--|--|
| suant to section 571(d) of the Servicemembers | Civil | assessor@co.mo | | |
| ief Act (50 U.S.C. Appendix), the personal property o | f a | | | |
| ricemember shall not be deemed to be located or present | in, | | | |
| o have a situs for taxation in, the tax jurisdiction in which t | the | | | |

| RANK | | ORGANIZATION | | SOCIAL SECUR | RITY OR SERIAL NU | MBER I | E-MAIL ADDRES | SS | |
|-------------------------|-------------------------|--|---------------------|--------------|-------------------|---------------------|-----------------|-----------------|-------------------------|
| MAILING ADDRESS | | | | | CITY | | | STATE | ZIP CODE |
| LEGAL RESIDENCE | LEGAL RESIDENCE ADDRESS | | | CITY | | | STATE | ZIP CODE | |
| VOTER REGISTRATION CITY | | | | COUNTY | | | STATE | YEAR LAST VOTED | |
| | | | | | | | | | |
| LIS | T BELOW | ANY PERSONAL PR | OPERTY | OR MANU | JFACTURED | HOME L | OCATED | IN CAL | IFORNIA. |
| | | | PEF | RSONAL PR | OPERTY | | | | |
| PROPERTY TYPE | | | DESCRIPTION | | | SERIAL/ID NUMBER | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | MAN | NUFACTURE | ED HOME | | | | |
| MANUFACTURER | | YEA | YEAR OF MANUFACTURE | | | DECAL/SERIAL NUMBER | | | |
| | | | | | | | | | |
| INSTRUCTIO | ONS: | | | | | | | | |
| 1. List pers | onal prope | erty by type, description | on, and se | erial numbe | er or ID numb | oer. | | | |
| 2. Enter the | e manufact | urer, year of manufac | cture, and | d decal or s | erial number | of a man | ufactured l | home. | |
| | | our current leave and | • | | | | | | |
| | | declaration. If you are have been granted th | | | | er of Atto | rney, attach | h a cop | y of the document |
| 5. Mail the | original de | claration with attachr | nents to t | he Assesso | or's office at | the addre | ss shown. | | |
| | | | | CERTIFICA | | | | | |
| | | penalty of perjury under to or documents, is true and | | | | | ng and all info | ormation | n hereon, including any |
| SIGNATURE OF DECLARANT | | | | | | DATE | | | |
| | | | | | | | | | |