EF-261-D-R02-0810-53000682-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBER NAME

RANK

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.

ORGANIZATION



SOCIAL SECURITY OR SERIAL NUMBER

Shanna White County Clerk-Recorder-Assessor

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

DATE

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

MAILING ADDRESS		CI	CITY		STATE	ZIP CODE
GAL RESIDENCE ADDRESS	CI	CITY		STATE	ZIP CODE	
VOTER REGISTRATION CITY			COUNTY		STATE	YEAR LAST VOTED
LIST BELOW A	NY PERSONAL PRO	PERTY OR MANUF	CTURED HC	ME LOCATE	O IN CAL	IFORNIA.
		PERSONAL PROP	ERTY			
PROPERTY TYPE		DESCRIPTION		SE	SERIAL/ID NUMBER	
	<u> </u>	MANUFACTURED	НОМЕ			
MANUFACTURER		YEAR OF MANUFACTURE		DECAL	DECAL/SERIAL NUMBER	
NSTRUCTIONS:						
. List personal proper	ty by type, description	, and serial number o	r ID number.			
	rer, year of manufactu			a manufacture	d home.	
. Attach a copy of you	ır current leave and ea	arnings statement.				
. Sign and date the de	eclaration. If you are s	sianina this document	with Power o	f Attornev. atta	ch a con	v of the docum

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

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



SIGNATURE OF DECLARANT

through which you have been granted the Power of Attorney.

Mail the original declaration with attachments to the Assessor's office at the address shown.

accompanying statements or documents, is true and correct to the best of my knowledge and belief.