EF-261-D-R02-0810-49000085-1 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.

Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888

FAX: (707) 565-3318 FAX: (707) 565-3317

| SERVICEMEMBER NAME | | | | | | | DAYTIME TELEPHONE NUMBER | | | |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------|--------------|----------------------------------|---------------------|--------------------------|----------------|-----------------------|--|
| RANK | NK ORGANIZATION | | | | SOCIAL SECURITY OR SERIAL NUMBER | | | E-MAIL ADDRESS | | |
| MAILING A | DDRESS | | | | CITY | | | STATE | ZIP CODE | |
| LEGAL RE | SIDENCE ADDRESS | | | | CITY | | | STATE | ZIP CODE | |
| VOTER RE | EGISTRATION CITY | | 1 | | COUNTY | | | STATE | YEAR LAST VOTED | |
| | LIST BELOW A | ANY PERSONAL PR | OPERTY | OR MANUF | ACTURE | D HOME L | OCATED | IN CALI | FORNIA. | |
| | | \bigcirc Λ | PER | SONAL PRO | PERTY | | | | | |
| | PROPERTY | TYPE | | DESCRIPTION | | | SEF | RIAL/ID N | UMBER | |
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| MANUFACTURED HOME | | | | | | | | | | |
| | MANUFA | YEA | AR OF MANUFACTURE | | | DECAL/SERIAL NUMBER | | | | |
| | | | | | | | | | | |
| INISTR | UCTIONS: | | | | | | | | | |
| | | rty by type, description | on and se | erial number | or ID num | her | | | | |
| | | urer, year of manufac | | | | | ufactured | home | | |
| | | • | | | iai riuribe | i oi a illali | ulactureu | nome. | | |
| | Attach a copy of your current leave and earnings statement. | | | | | | | | | |
| | 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. Ma | il the original dec | claration with attachn | nents to th | ne Assessor | s office at | the addre | ss shown. | | | |
| | | | C | ERTIFICAT | ION | | | | | |
| | | enalty of perjury under to or documents, is true and | | | | | g and all inf | ormation l | hereon, including any | |
| SIGNATUR | SIGNATURE OF DECLARANT | | | | | | | | | |
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