

KATRINA BARTOLOMIE
MENDOCINO COUNTY ASSESSOR
501 Low Gap Rd., Room 1020
Phone: (707) 234-6800

OFFICE OF THE ASSESSOR
SECURITY INTEREST AFFIDAVIT

Affidavit: I attest to the fact that during the period from _____

to _____, referenced by deed number(s) _____

I had no equitable or beneficial interest in the real property located at _____

further described as Assessor's Parcel Number _____, for the following reason:

In support of this affidavit, the following documents, which are incorporated by reference herein, are attached.

Declaration: I declare at _____, California, on _____ 20____,

under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge and belief.

Signature: _____ Print Name: _____

Corporate Title: _____

Telephone: Office (_____) _____ Ext. _____

Residence (_____) _____

PETITION NUMBER (IF APPLICABLE):

Section 461 of the Revenue and Taxation Code states:

461. FALSE STATEMENT. Every person who willfully states anything which he knows to be false in any oral or written statement, not under oath, required or authorized to be made as the basis of imposing any tax or assessment is guilty of a misdemeanor and upon conviction thereof may be punished by imprisonment in the county jail for a period not exceeding six months or by a fine not exceeding five hundred dollars (\$500) or by both.
