

Civic Center Plaza Entrance
625 N. Ross Street, Building 11
P.O. Box 22000
Santa Ana, CA 92702-2000



ESTABLISHED 1889

OFFICE OF THE ASSESSOR

CLAUDE PARRISH
COUNTY ASSESSOR

TELEPHONE: (714) 834-2727
FAX: (714) 558-0681
www.ocgov.com/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 reasons: _____

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.