SS # _____

SWORN STATEMENT OF THE TRUE VALUE OF REAL PROPERTIES PURSUANT TO R.A. 7160
(TAXABLE OR EXEMPT)

1. _____, of legal age _____ and with postal address at _____ after having been duly sworn to citizenship in accordance with law, depose and say:

That I am the _____ of the following real properties, which are (declared or undeclared, newly acquired/ construction/installed/undergone/renovation/alteration/structural change or additional improvement) located in City/ Municipality of

_____, Province _____, owned by _____ in which the description and true market value/s are as follows:

A. Lands(Residential, Commercial, Industrial, Agricultural, Mineral, Timberland or Special)

Existing TD No./ ARP No./PIN	Lot No.	Blk. No.	Cad/PLS No.	Area Ha./Sq.M.	ACTUAL USE	LOCATION OF PROPERTY	True Market Value

B. Building(s) and other Structures:

Existing TD No./ ARP No./PIN	FLOOR AREA		No. of Storey	Structural Character-istics	ERECTED AT		Actual Use	LOCATION OF PROPERTY (No./St./Brgy./Dist.)	True Market Value
	Previously Declared	Newly Declared			Lot Owner	Lot No.			

C. Machineries

Existing TD NO./ ARP No./PIN	General Description		DATE		INSTALLED AT		Actual Use	LOCATION OF PROPERT (No./St./Brgy./Dist.)	Acquisition Cost	True Market Value
			Acquired	Started Operation	Lot Owner	Lot No.				

D. Perennial Trees/ Plants

Existing TD NO./ ARP No./PIN	KIND	NO. OF TREE		Annual Produ-ction	STANDING AT		LOCATION OF PROPERT (No./St./Brgy./Dist.)	TRUE MARKET VALUE	
		Fruit Bearing	Non-Fruit Bearing		Lot Owner	Lot No.		Fruit Bearing	Non-Fruit Bearing

2. That I am executing this own declaration pursuant to Section 202 and/or Section 203 of the local Government Code of 1991.

IN WITNESS WHEREOF, I have hereunto affixed my signature this _____ day of _____ , 20___ at _____ , (if thumb marked, requires signature of two(2) witnesses:

_____
(Signature of Affiant)

_____ _____ T.A.N. : _____
(Witness) (Witness)

SUBSCRIBED AND SWORN to before me this _____ of _____ , 20___ , affiant exhibiting his/her community Tax Certificate No. _____ Issued on _____at_____

_____
(Signature of Administering Officer)