EF-261-D-R02-0810-15000713-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBER NAME

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.



Laura Avila Kern County Assessor and Recorder

1115 Truxtun Avenue Bakersfield CA 93301-4639 (661) 868-3485

DAYTIME TELEPHONE NUMBER

| | | | | SOCIAL SECURITY OR SERIAL NUMBER | | E-MAIL ADDRESS | | | |
|------|--|---|------------------------|----------------------------------|---------------------|------------------|-----------------|-----------------------|--|
| RANI | < | ORGANIZATION | SOCIAL SECU | | | | | | |
| MAIL | ING ADDRESS | | | CITY | | | STATE | ZIP CODE | |
| LEGA | AL RESIDENCE ADDRESS | | | CITY | | | STATE | ZIP CODE | |
| | | | | | | | | | |
| VOTE | ER REGISTRATION CITY | | COUNTY | | | STATE | YEAR LAST VOTED | | |
| | LIST BELOW | ANY PERSONAL PRO | PERTY OR MAN | UFACTURED | HOME | LOCATED | IN CAL | IFORNIA. | |
| | | | PERSONAL PI | ROPERTY | | | | | |
| | PROPERTY TYPE | | DESCRIPTION | | | SERIAL/ID NUMBER | | | |
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| | | | | | | | | | |
| | | | MANUFACTUR | ED HOME | | | | | |
| | MANUFA | CTURER | YEAR OF MANUFACTURE | | DECAL/SERIAL NUMBER | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| INS | STRUCTIONS: | | | | | | | | |
| 1. | List personal property by type, description, and serial number or ID number. | | | | | | | | |
| 2. | Enter the manufacturer, year of manufacture, and decal or serial number of a manufactured home. | | | | | | | | |
| 3. | Attach a copy of your current leave and earnings statement. | | | | | | | | |
| 4. | 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. | Mail the original dec | Mail the original declaration with attachments to the Assessor's office at the address shown. | | | | | | | |
| | | | CERTIFICA | ATION | | | | | |
| | | penalty of perjury under the | | | | | ormation | hereon, including any | |
| | ompanying statements of Declarant | or documents, is true and c | correct to the best of | my knowledge a | and belief. | | | | |
| SIGN | ATURE OF DECLARANT | | | | | DATE | | | |