EF-261-D-R02-0810-42000290-1 BOE-261-D (P1) REV. 02 (08-10)



## Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

## 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.

| SERVICEMEMBER NAME      |  |   |                     |                                    |      | DAYTIME TELEPHONE NUMBER |              |                       |  |
|-------------------------|--|---|---------------------|------------------------------------|------|--------------------------|--------------|-----------------------|--|
|                         |  |   |                     |                                    | (    |                          |              |                       |  |
| RAN                     | IK   | ORGANIZATION  | SOCIAL SECU         | L SECURITY OR SERIAL NUMBER E-MAII |      |                          | MAIL ADDRESS |                       |  |
| NAAI                    | LING ADDRESS   |   |                     | OUT) (                             |      |                          | 07475        | 710.0005              |  |
| IVIAI                   | LING ADDRESS   |   |                     | CITY                               |      |                          | STATE        | ZIP CODE              |  |
| LEGAL RESIDENCE ADDRESS |  |   |                     | CITY                               |      |                          | STATE        | ZIP CODE              |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
| VOT                     | ER REGISTRATION CITY   |   | COUNTY              |                                    |      |                          | STATE        | YEAR LAST VOTED       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         | LIST BELOW   | ANY PERSONAL PRO  | PERTY OR MAN        | UFACTURED                          | HOME | LOCATED                  | IN CAL       | JFORNIA.              |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         |  |   | PERSONAL P          | ROPERTY                            |      |                          |              |                       |  |
|                         | PROPERTY   | TYPE  | DESCRIPTION         |                                    |      | SERIAL/ID NUMBER         |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         | MANUFACTURED HOME  |   |                     |                                    |      |                          |              |                       |  |
|                         | MANUFA   | CTURER  | YEAR OF MANUFACTURE |                                    |      | DECAL/SERIAL NUMBER      |              |                       |  |
| WINTED ACTOREIX         |  |   | TEAR OF MANOFACTORE |                                    |      | DEOADOLNIAL NOWDER       |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
| 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 declaration with attachments to the Assessor's office at the address shown.  |   |                     |                                    |      |                          |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         |  |   | CERTIFIC            | ATION                              |      |                          |              |                       |  |
|                         |  | penalty of perjury under the<br>or documents, is true and c |                     |                                    |      |                          | ormatior     | hereon, including any |  |
| SIGI                    | NATURE OF DECLARANT  |   |                     |                                    |      | DATE                     |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |
|                         |  |   |                     |                                    |      |                          |              |                       |  |