EF-261-D-R02-0810-42000158-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBER NAME

SERVICEMEMBERS CIVIL RELIEF ACT DECLARATION

one COUNTY one FUTURE County Clerk, Recorder and Assessor P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

DAYTIME TELEPHONE NUMBER

Joseph E. Holland

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.

| RAN | ANK ORGANIZATION | | | SOCIAL SECURITY OR SERIAL NUMBER | | | E-MAIL ADDRESS | | | |
|-------------------------|--|--|---------------------|----------------------------------|---------------|---------------------|------------------|-----------------|-------------------------|--|
| MAI | LING ADDRESS | | | | CITY | | | STATE | ZIP CODE | |
| | | | | | OTT | | | OIAIL | Zii OOBE | |
| LEGAL RESIDENCE ADDRESS | | | | CITY | | | STATE | ZIP CODE | | |
| VOT | ER REGISTRATION CITY | | COUNTY | | | | STATE | YEAR LAST VOTED | | |
| | LIST BELOW | ANY PERSONAL PR | ROPERT | Y OR MANU | JFACTURED | HOME | LOCATED | IN CAL | LIFORNIA. | |
| | | | PE | RSONAL PR | OPERTY | | | | | |
| | PROPERTY TYPE | | | DESCRIPTION | | | SERIAL/ID NUMBER | | | |
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| | | | MA | NUFACTURE | ED HOME | | | | | |
| | MANUFA | YEA | YEAR OF MANUFACTURE | | | DECAL/SERIAL NUMBER | | | | |
| | | | | | | | | | | |
| INI | STRUCTIONS: | | | | | | | | | |
| | | orty by typo dosoripti | on and a | orial numbe | or or ID numb | oor | | | | |
| 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. | | | | | | | | | |
| | | | | CERTIFICA | TION | | | | | |
| | | penalty of perjury under to or documents, is true an | | | | | | formation | n hereon, including any | |
| SIGI | NATURE OF DECLARANT | | | | | | DATE | | | |
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| | | THIS DOCUME | :NT IS N | OT SUBJE | CT TO PUBI | LIC INSF | PECTION | | | |