| EF-571-R-R23-0520-0300015<br>BOE-571-R (P1) REV. 23 (05-20)  | 94-1   |                     | STADOR CO             | STATES                  | ŀ         |                            | B Rooney<br>or of Amador (               | County   |
|--|--|---------------------|-----------------------|-------------------------|-----------|----------------------------|--|--|
| APARTMENT HOUSE PF<br>STATEMENT FOR 2021<br>(Declaration of costs and other m<br>property information as of 12:01)<br>January 1, 2021) | elated   |                     | * ALIFOR              |                         | J<br>F    | ackson, C<br>PH: (209) 2   | A 95642                                  |  |
| RETURN THIS ORIGINAL FORM  |  | OT BE ACCEPT        | ΓED.                  |                         |           |                            |  |  |
| NAME AND MAILING ADDRE   |  |                     | <i>.</i> .            |                         |           |                            |  |  |
| (Make necessary correctic<br>┌─  | ns to the printed name                                 | e and mailing add   | ress.)                | -                       |           |                            | THE PROPERTY (s<br>statement for each lo |  |
|  |  |                     |                       |                         | 2. E      | inter the tot              | al number of units for                   | the location listed.   |
| L  |  |                     |                       |                         |           |                            |  | n one of the units?<br>No  |
| Local Telephone Number   |  | Fax Numbe           |                       |                         | - 3. C    |                            | the unit number<br>eriod of January 1, 2 | 020 through December 31,   |
| Enter location of general ledger and   | all related accounting                                 |                     |                       |                         | _ (       |                            |  | ntity (corporation, partnership                                  |
| STREET   |  | CITY                |                       | TATE ZIP                |           |                            |  | acquire a "controlling<br>definition) in this business           |
| Enter name and telephone number of   | of authorized person to                                | contact at location | on of accounting rec  | cords:                  |           | Yes                        | No                                       | _  |
|  |  |                     |                       |                         | _ (       |                            |  | y also own "real property" (see<br>California at the time of the |
| 1. If you no longer own this prop  |  |                     |                       | ng address of the p     |           | acquisiti                  |  | Cumornia at the time of the                                      |
| owner:   | Jerty as of Sandary Te                                 | i uno year, onow    | the name and main     | ig address of the h     |           | Yes                        | No                                       |  |
| Name   |  |                     |                       |                         | _ (;      |                            |  | and (2), filer must submit forn<br>ange in Control and Ownershi  |
| Mailing Address  |  |                     |                       |                         |           |                            |  | e Board of Equalization. See                                     |
| City and State   |  |                     | _ Zip Code            |                         | _         | instructio                 | ons for filing requirem                  | ients.   |
| 4. Do any other individuals, partr premises? Yes No  | nerships or corporation<br>If <b>yes, lis</b> t below. | s do business or o  | own personal proper   | rty (other than hous    | ehold fur | niture and p               | personal effects of yo                   | ur tenants) located on your                                      |
| NAME AND ADDRESS OF  | OWNER OF SUCH PE                                       | OPERTY              | NA                    | TURE OF THE BU          | SINESS    | OR PROP                    |  |  |
|  |  |                     |                       |                         |           |                            |  | ASSESSOR'S   |
|  |  |                     |                       |                         |           |                            |  | USE ONLY   |
| 5. Do you hold furniture or equip<br>Yes No If <b>yes</b> , I  | oment belonging to oth<br>list below.                  | ers on a loan, ren  | ital, or lease basis? |                         |           |                            | _  |  |
| NAME AND ADDRESS OF  | OWNER OF SUCH PF                                       | ROPERTY             |                       |                         | ND DES    |                            |  |  |
|  |  |                     |                       |                         |           |                            |  |  |
| 6. ENTER BELOW the number<br>Schedule A. <b>Do not</b> include, et   |  |                     |                       | ators, not built-in), a | and unfu  | r <mark>ni</mark> shed uni | ts. Also complete                        |  |
|  | SLP. ROOM  | STUDIO              | 1 BEDRM.              | 2 BEDRM.                | 3 6       | BEDRM.                     | LARGER                                   |  |
| FULLY FURNISHED  |  |                     |                       |                         |           |                            |  |  |
| PARTLY FURNISHED   |  |                     |                       |                         |           |                            |  |  |
| UNFURNISHED  |  |                     |                       |                         |           |                            |  |  |
| TOTALS   |  |                     |                       |                         |           |                            |  |  |
| 7. Supplies  |  |                     |                       |                         | Cost      |                            |  |  |
| 8. Furniture and appliances  |  |                     |                       | Enter From Sch          |           |                            |  |  |
| 9. Other furniture and equipmen  | +  |                     |                       | Enter From Sch          |           |                            |  |  |
| 10.  |  |                     |                       | Enter Hom Sen           |           |                            |  |  |
| 10.  |  |                     |                       |                         |           |                            |  |  |
|  |  |                     |                       |                         | ſ         | TOTAL FI                   | JLL VALUE                                |  |
|  |  |                     |                       |                         |           |                            | AL PROPERTY                              |  |
|  |  |                     |                       |                         |           | FIXTURE                    |  |  |
|  |  |                     |                       |                         |           |                            | MPROVEMENTS                              |  |
|  |  |                     |                       |                         |           | LAND                       |  |  |
|  |  |                     |                       |                         |           |                            | 1  |  |



### EF-571-R-R23-0520-03000194-2

#### BOE-571-R (P2) REV. 23 (05-20)

SCHEDULES OF DEPRECIABLE PROPERTY — SCHEDULES A and B. Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedules A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items**. Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.

| SCHEDULE A             | FURNITURE AND APPLIANO<br>do not include built-ins) | CES (include ite        | ems in storage | SCHEDUL         | E B OTHER FURNITURE ANI pool, vending, signs, fire ex |                         | office, lobby, laundry, |  |
|------------------------|---|-------------------------|----------------|-----------------|---|-------------------------|-------------------------|--|
| Year of<br>Acquisition | Original Installed Cost                             | FOR ASSESSOR'S USE ONLY |                | Year of         | Original Installed Cost                               | FOR ASSESSOR'S USE ONLY |                         |  |
|                        | (NOT depreciated book value)                        | Factor                  | Value          | Acquisition     | (NOT depreciated book value)                          | Factor                  | Value                   |  |
| 2020                   |   |                         |                | 2020            |   |                         |                         |  |
| 2019                   |   |                         |                | 2019            |   |                         |                         |  |
| 2018                   |   |                         |                | 2018            |   |                         |                         |  |
| 2017                   |   |                         |                | 2017            |   |                         |                         |  |
| 2016                   |   |                         |                | 2016            |   |                         |                         |  |
| 2015                   |   |                         |                | 2015            |   |                         |                         |  |
| 2014                   |   |                         |                | 2014            |   |                         |                         |  |
| 2013                   |   |                         |                | 2013            |   |                         |                         |  |
| 2012                   |   |                         |                | 2012            |   |                         |                         |  |
| 2011                   |   |                         |                | 2011            |   |                         |                         |  |
| 2010<br>& prior        |   |                         |                | 2010<br>& prior |   |                         |                         |  |
| TOTAL COST             |   |                         |                | TOTAL COS       |   |                         |                         |  |
| Enter on line 8        | 3, page 1.  |                         |                | Enter on line   | e 9, page 1.  |                         |                         |  |
| REMARKS:               |   |                         |                | Λ               |   |                         |                         |  |
|                        |   |                         |                |                 |   |                         |                         |  |
|                        |   |                         |                |                 |   |                         |                         |  |
|                        |   |                         |                |                 |   |                         |                         |  |
|                        |   |                         |                |                 |   |                         |                         |  |

## **DECLARATION BY ASSESSEE**

#### Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.

I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 2021.

| OWNERSHIP<br>TYPE (☑) |  | SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*               |                            | DATE  |
|-----------------------|--|--|----------------------------|-------|
|                       |  | NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) | TITLE                      |       |
| Proprietorship        |  |  |                            |       |
| Partnership           |  | NAME OF LEGAL ENTITY (other than DBA) (typed or printed) | FEDERAL EMPLOYER ID NUMBER |       |
| Corporation           |  |  |                            |       |
| Other                 |  | PREPARER'S NAME AND ADDRESS (typed or printed)           | TELEPHONE NUMBER           | TITLE |

\*Agent: See page 3 for Declaration by Assessee instructions.



# INSTRUCTIONS

The Revenue and Taxation Code of the State of California requires that every person, upon request of the Assessor, shall file a written property statement under penalty of perjury with the Assessor within such time as the Assessor may appoint. Please complete this form according to the numbered instructions provided below as your statement of furnishings and related equipment owned, possessed or controlled by you as of 12:01 a.m., January 1, this year at the location listed. Property which you are purchasing under a conditional sales contract must be included. **Return the completed statement form to the Assessor on or before the date stated in the official requirement section.** In all instances, you must return the original BOE-571-R.

## LINE 3. PROPERTY TRANSFER

**Real Property** – For purposes of reporting a change in control, real property includes land, structures, or fixtures owned or held under lease from (1) a private owner if the remaining term of the lease exceeds 35 years, including written renewal options, (2) a public owner (any arm or agency of local, state, or federal government) for any term or (3) mineral rights owned or held on lease for any term, whether in production or not.

**Controlling Interest –** When any person or legal entity obtains more than 50 percent of the voting stock of a corporation, or more than a 50 percent ownership interest in any other type of legal entity. The interest obtained includes what is acquired directly or indirectly by a parent or affiliated entity.

**Forms, Filing Requirements & Penalty Information –** Contact the Legal Entity Ownership Program Section at 916-274-3410 or refer to the Board's website at *www.boe.ca.gov* to obtain form BOE-100-B, applicable filing requirements, and penalty information.

- LINE 4. Check the appropriate box. If yes is checked, enter the name and address of the owner of the furniture or equipment. Briefly describe the nature of the business or property. **Do not** report household furnishings owned by tenants and used in their living quarters, or other personal property owned or controlled by tenants.
- LINE 5. Check the appropriate box. If yes is checked, enter the name and address of the owner or lessor and the quantity and description of the furniture or equipment. The lessor of the items will be asked to declare them.
- LINE 6. Enter the number of fully furnished, partly furnished, and unfurnished units in the appropriate column or columns. If the owner of the building (other than a corporation) occupies a unit as his living quarters, do not include it. Please indicate in the **REMARKS** area the items contained in a typical PARTLY FURNISHED apartment of each size. A *sleeping room* is a room with no kitchen facilities; a *studio* contains a kitchen and a convertible living room; a *1 bedrm*. contains a bedroom, living room, kitchen, etc. Attach additional sheets if necessary.
- LINE 7. Enter the cost of supplies that are on hand at 12:01 a.m. on January 1 of this year. Include janitorial and pool supplies, whether carried in your asset accounts or expensed.
- LINES 8 and 9. Enter the total cost from Schedules A and B.

- **SCHEDULE A.** Complete the schedule as instructed. If a portion of the furniture used in your rental units has been placed in storage, include the cost in the schedule and enter in the remarks the address where stored. **Do not** include built-in appliances, installed carpeting, or drapes as furniture; such items are considered part of the building. **Include** ranges, refrigerators, dishwashers, etc., if not built-in.
- **SCHEDULE B.** Complete the schedule as instructed. **Include** all equipment not reported in Schedule A. If you care to attach a schedule listing types of equipment separately, you may do so.

## **DECLARATION BY ASSESSEE**

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a **corporation**, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a **partnership**, the declaration must be signed by a partner or an authorized employee or agent. In the case of a **Limited Liability Company** (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.

THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED WILL BE HELD SECRET BY THE ASSESSOR.