EF-577-R07-0518-07000237-1 BOE-577 (P1) REV. 07 (05-18)

AIRCRAFT PROPERTY STATEMENT

Declaration of costs and other related property



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

information as of 12:01 a.m., January 1, 20
EILE DETLIDN DV:

TIEL KLIOKKIDI.		_							
PLEASE NOTE: This forn Assessor'soffice, regardl Aircraft Exemption Claim	ess of the sta	atus of ar	ny Historic	al					
NAME AND MAILING (Make necessary corre		nted name a	nd mailing ad	ldress)	٦	FOR AS	SESSOR'S	S USE ONLY	
L SECTION I: MUST BE COMP	ETED ANNIL	ALLY .	, ,					A	
1. FAA REGISTRATION NUMBER			ONE NUMBE	AIRCR	AFT LOCATION (AIRPOR	RT, HANGAR OR	TIE-DOWN	NUMBER)	
MANUFACTURER			MODEL					,	YEAR BUILT
SERIAL NUMBER			PURCHA	SE DATE	PURCHASE PRICE \$	D	ATE MOVE	D TO THIS CO	OUNTY
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSESSED	IN ANOTHER	R CALIFORNI	A COUNTY, INDICATE C	OUNTY NAME AN	ND ASSES	SMENT YEAR	S
FIXED BASE OPERATOR NAME				LAST MAJOF	R AI <mark>RF</mark> RAME OVERHAUL	DATE: C	OST:		
2. AIRCRAFT CONDITION:									
WHEN PURCHASED NEV	V GOOD) A\	ERAGE	POOR	DAMAGE HISTORY				
CURRENT NEV	V GOOD) [] A\	/ERAGE	POOR	YES NO I	YES, SEE INST	RUCTIONS	S AND ATTACH	H STATEMENT
NTERIOR NEV	W GOOD	A\	/ERAGE	POOR	EQUIPMENT LEASE				
EXTERIOR NEV	V GOOD	AV	/ERAGE	POOR	YES NO II	FYES, SEE INST	RUC <mark>TIO</mark> N:	S AND ATTACI	H SCHEDULE.
3. TYPE OF USAGE:									
PERSONAL/PLEASURE F	LIGHT TRAININ	G RENT	TAL CHA	RTER/TAX	BUSINESS T FRA	CTIONAL OWNE	RSHIP PRO	OGRAM SI	HOW/MUSEUM
IF YOU CHECKED CHART					CARRIAGE MORE THAI ERRY FLIGHTS OR PART			YES NO	
	RY: REPORT O	NLY ADDED	OR REPLAC	ED AVIONIC	S. DO NOT REPORT OR NEW, (A) AVERAGE, (P)	IGINAL STANDAF		RY AVIONICS.	
UNIT	ACQUISITION DATE	COST	CONDITION	ASSESSOR USE ONLY	UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR					RADAR ALTIMETER				
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODER				
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAGNETIC INDICATOR				
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VLF VERY LOW FREQUENCY				
NAVCOM #1					PHONE				
NAVCOM #2					RADAR				
TRANSPONDER A C					LORAN				
GLIDESLOPE					ADF AUTOMATIC DIRECTION FINDER				
LOCALIZER					DME DISTANCE MEASURING EQUIPMENT				
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING				
AUTOPILOT NUMBER OF AXIS					BOOTS				
FLIGHT DIRECTOR					HF TRANSCEIVERS HIGH FREQUENCY				
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER NON-FACTORY AVIONICS				

THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGNED



BOE-577 (P2) REV. 07 (05-18) **SECTION I: (continued)**

PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

MAKE MODEL YEAR OF MANUFACTURE HORSEPOWER HOURS SINCE NEW HOURS SINCE MAJOR OVERHAUL TIME BETWEEN OVERHAULS (TBO) HOURS SINCE MIDLIFE DATE OF MAJOR OVERHAUL DATE OF LANDING GEAR OVERHAUL ENGINE MAIN ROTOR MAIN ROTOR BLADES MAST MAST TRANSMISSION DRIVESHAFT TAIL ROTOR GEARBOX ASSEMBLY SERVOS MISCELLANEOUS ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: ENROLLMENT DATE: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR									
YEAR OF MANUFACTURE HORSEPOWER HOURS SINCE NEW HOURS SINCE MAJOR OVERHAUL TIME BETWEEN OVERHAULS (TBO) HOURS SINCE MIDLIFE DATE OF MAJOR OVERHAUL ENGINE DATE OF LANDING GEAR OVERHAUL ENGINE ENGINE MAIN ROTOR BLADES MAST TAIL ROTOR DRIVESHAFT TAIL ROTOR HUB GEARBOX ASSEMBLY SERVOS MISCELLANEOUS ENROLLMENT DATE: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR	6. TOTAL AIRFRAME HOURS:								
HORSEPOWER HOURS SINCE NEW HOURS SINCE MAJOR OVERHAUL TIME BETWEEN OVERHAULS (TBO) HOURS SINCE MIDLIFE DATE OF MAJOR OVERHAUL DATE OF LANDING GEAR OVERHAUL ENGINE ENGINE MAIN ROTOR BLADES MAIN ROTOR HEAD ASSEMBLY MAST TAIL ROTOR DRIVESHAFT TAIL ROTOR TRANSMISSION TAIL ROTOR HUB GEARBOX ASSEMBLY SERVOS MISCELLANEOUS ENROLLMENT DATE: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR									
HORSEPOWER HOURS SINCE NEW HOURS SINCE MAJOR OVERHAUL TIME BETWEEN OVERHAULS (TBO) HOURS SINCE MIDLIFE DATE OF MAJOR OVERHAUL ENGINE ENGINE MAIN ROTOR BLADES MAIN ROTOR BLADES MAIN ROTOR BLADES MAST TAIL ROTOR DRIVESHAFT TAIL ROTOR HUB GEARBOX ASSEMBLY SERVOS MISCELLANEOUS ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR	FLICORTEDO LIQUES CIVISTAN CONTRACTOR								
HOURS SINCE NEW HOURS SINCE MAJOR OVERHAUL TIME BETWEEN OVERHAULS (TBO) HOURS SINCE MIDLIFE DATE OF MAJOR OVERHAUL ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: ENROLLMENT DATE: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR	JL:								
TIME BETWEEN OVERHAULS (TBO) HOURS SINCE MIDLIFE DATE OF MAJOR OVERHAUL ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: ENROLLMENT DATE: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR									
HOURS SINCE MIDLIFE DATE OF MAJOR OVERHAUL DATE OF LANDING GEAR OVERHAUL ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: ENROLLMENT DATE: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR									
DATE OF MAJOR OVERHAUL DATE OF LANDING GEAR OVERHAUL ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: ENROLLMENT DATE: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR									
ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: ENROLLMENT DATE: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR									
ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: ENROLLMENT DATE: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR									
NAME OF PROGRAM: ENROLLMENT DATE: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR									
SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR	NAME OF PROGRAM: ENROLLMENT DATE:								
NAME AND ADDRESS OF OWNER IS DIFFERENT FROM EAA DESIGNATION OWNER.									
NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER NAME ADDRESS									
CITY STATE ZIP CODE COUNTY									
US AURORAST WAS COLD ATTACK A COMPLETE CORV OF THE CALLED CONTRACT	—								
IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT IF SOLD OR DONATED: DATE OF SALE SALE PRICE									
IF SOLD OR DONATED: DATE OF SALE SALE PRICE \$									
NEW OWNER NAME									
CITY STATE ZIP CODE COUNTY									
IF: MOVED JUNKED PARTED DESTROYED ABANDONED									
DATE NEW LOCATION (IF MOVED) COUNTY									
DATE NEW ESSATISM III MOVED)									
EXPLANATION									
AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY									
AIRPORT/FBO WHERE NORMALLY KEPT HANGAR/TIE-DOWN NO.									
CITY STATE ZIP CODE COUNTY									
CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:									
ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.									
IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.									
OWNERSHIP TYPE (☑) DECLARATION BY ASSESSEE									
Proprietorship Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.									
Partnership I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this prope	rtv								
statement including accompanying schedules statements or other attachments and to the best of my knowledge and belief it									
Other is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled	ed,								
or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE									
DATE									
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE								
NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBER	FEDERAL EMPLOYER ID NUMBER								
PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE	TITLE								
E-MAIL ADDRESS									

THIS STATEMENT IS SUBJECT TO AUDIT





OFFICIAL REQUEST

Pursuant to California Revenue and Taxation Code section 5362, the Assessor of the county in which an aircraft is habitually situated shall assess the aircraft at its market value. The Assessor's records indicate that you are the owner of the aircraft identified on page 1 of this form. In accordance with section 5365, you are required to complete this form according to the instructions. Pursuant to section 5367, failure to return this form by the specified due date will require the Assessor to add a 10% penalty to the market value of your aircraft.

This statement is not a public document. In accordance with Revenue and Taxation Code section 451, the information contained herein will be held secret by the Assessor. It can only be disclosed to the district attorney, grand jury, and other agencies specified in section 408. Attached schedules are considered to be part of the statement.

GENERAL INSTRUCTIONS

ALL INFORMATION PROVIDED SHOULD BE AS OF JANUARY 1.

SECTION I.

This section must be completed annually. Specific information is required to correctly determine the value of the aircraft

STATEMENT OF CONDITION: Using the information below, check the box that reflects the condition of your aircraft as of January 1:

New: An aircraft that is new or is maintained in new condition.

Good: Paint and airframe are in near new condition. Minor scratches. Windows clear with no crazing or discoloration. Interior is in near new condition. Simple cleaning removes any smell, dirt or matting.

Average: Paint is generally sound and attractive. Slight oxidation can be easily polished out leaving paint shiny. Small scratches, chips or dents can be found especially in high use areas. Windows have milky edges, some crazing or light scratches. The interior use shows minor fraying, stains, or cracking. Cleaning and shampooing will make the interior look attractive. Aircraft certificate is current, 6 months annual, ½ TBO (Time Between Overhauls), ADs (Air Worthiness Directives) complied.

Poor: Paint is badly oxidized, peeled and blemished. Most leading edges and upper surfaces are chipped, crazed, dented, and oxidized. All windows crazed and scratched. After touch-up and polishing, aircraft still looks unsightly. Needs new paint. Interior shows high use, scratches, tear, snags, frayed fabric, exposed foam, peeling laminates, and loose panels. Interior looks and smells dirty after cleaning and needs replacement. Aircraft has not flown, is out of annual, engine is run out and will not pass inspection, ADs not complied.

AVIONICS SUMMARY: Indicate the date of acquisition and the condition of existing avionics equipment. List any additional avionics and their cost under "Non-factory avionics added in last calendar year." For condition, please enter *N* for new, *A* for average, and *P* for poor.

DAMAGE HISTORY: To report damage history, attach a statement indicating the type of damage, date of damage, copy of report made to FAA, and maintenance log and repairs made.

EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED:

Leased: If you lease equipment in connection with this aircraft's operation, attach a schedule listing the name and address of the owner, description of the leased property, cost if purchased, and annual rent.

Exchanged: Attach a schedule listing any exchange of equipment since purchase.

Additions or Retirements: From date of acquisition of aircraft to last day in December of last year if you have added or retired equipment, attach a schedule listing the description of the equipment, date added or retired, and the cost of equipment added or retired.

FRACTIONAL OWNERSHIP: If the aircraft is enrolled in a Fractional Ownership Program, forms BOE-570-FO (-1, -2) must be filed.

SECTION II.

This section must be completed if filing for the first time or if there have been any changes within the last calendar year.

ADDITIONAL INFORMATION: Attach a statement regarding any additional information you feel would assist the Assessor in valuing your aircraft.

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 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.

EXEMPTIONS

Armed Forces Members. If you are not a resident of the State of California, but are in this state solely by the reason of compliance with military orders, you may declare tax situs elsewhere by filing Form BOE-261-D, *Servicemembers Civil Relief Act Declaration*. Obtain the declaration form from the Assessor or from your unit Legal Officer.

Aircraft of Historical Significance. If you are an individual owner who does not hold the aircraft primarily for purposes of sale, does not use the aircraft for commercial purposes or general transportation, the aircraft is 35 years or older and is displayed to the public at least 12 days per year, obtain Form BOE-260-B from the Assessor. The exemption claim must be filed on or before February 15 for a full exemption and by August 1 for a partial exemption.



EF-577-R07-0518-07000237