EF-571-RW-R05-0806-13000184-1 BOE-571-RW (S1F) REV. 5 (8-06)

#### OFFICIAL REQUIREMENT

A report on this form is required of you by section 441(a) of the Revenue and Taxation Code. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by section 463 of the Code.

20

**RIGHT-OF-WAY** 

**PROPERTY STATEMENT** 

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

RETURN THIS ORIGINAL. COPIES WILL NOT BE ACCEPTED.

NMME AND MAILING ADDRESS       Dake necessary connections of the printed name and making address)       CONTACT INFORMATION:         NAME	NAME	AND MAILING ADI	DRESS (Make necess	any corrections of the printed name and	mailing address	\ L'			INIL 1, 2	0		
Initial         Initial <t< td=""><td></td><td></td><td>UNLUSS (Make necess</td><td>ary concetions of the printed name and</td><td>maning address.</td><td></td><td>CONTACT</td><td>INFORM</td><td>ATION:</td><td></td><td></td><td></td></t<>			UNLUSS (Make necess	ary concetions of the printed name and	maning address.		CONTACT	INFORM	ATION:			
Image: constraint of the						ſ	NAME					
Image: constraint of the												
Image: constraint of the service of the ser												
Line         EMAL ADDRESS (optional)           Main         B         C         D         E         F         G           Main         Markee Data and and and and and and and and and an								IE NO.				
Loc         A         B         C         D         E         F         G           Marcel NAL ASSESSONS UDE ONV         ASSESSONS UDE ONV         ASSESSONS UDE ONV         ASSESSONS UDE ONV         ASSESSONS UDE ONV         ASSESSONS UDE ONV         ACT/AST         ACT/												
Image: bit is a constrained	L						E-MAIL AD	DRESS (	optiona	l)		
ASSESSORS USE ONLY       ASTREE NATIONAL STRUE       ASTREE NATIONAL INF       CLASS UNV       BOORED       BOORED         1000000000000000000000000000000000000		А	В	С	D		E			F		G
une       LANS       OWN       BOORED       BOORED         ungo       SA       SA       SA       SA       SA       SA         ungo       SA       SA       SA       SA       SA       SA       SA         ungo       SA	L,	FILE/PARCEL NC		DESIGNATION, NAME, OR NO.	Түре		WIDTI	H-FT	A	CQUIRED		BASIS
une       LANS       OWN       BOORED       BOORED         ungo       SA       SA       SA       SA       SA       SA         ungo       SA       SA       SA       SA       SA       SA       SA         ungo       SA	EGMEN		TAXPAYER'S		STATU	s	LENC	бТH	ļ	ACT/EST		ACT/EST
UNINCESSIP       Declaration must be completed and signed. If you do not do so, it may result in penalties.       No. OF CONTINUATION SHEETS ATRACHED         Indeclare under the source of the statement at 12:01 a.m. on January 1, 20	SE				LINE		CLASS	OWN	E	300KED		BOOKED
UNINCESSIP       Declaration must be completed and signed. If you do not do so, it may result in penalties.       No. OF CONTINUATION SHEETS ATRACHED         Indeclare under the source of the statement at 12:01 a.m. on January 1, 20												
UNINCESSIP       Declaration must be completed and signed. If you do not do so, it may result in penalties.       No. OF CONTINUATION SHEETS ATRACHED         Indeclare under the source of the statement at 12:01 a.m. on January 1, 20	IENT											
UNINCESSIP       Declaration must be completed and signed. If you do not do so, it may result in penalties.       No. OF CONTINUATION SHEETS ATRACHED         Indeclare under the source of the statement at 12:01 a.m. on January 1, 20	MD										!	
Image: Image	SI											
Image: Image											<u> </u>	
Image: Image	⊢											
Image: Image	AEN								<u> </u>			
Image: Image	EGN											
Image:	01											
Image:						-						
Image:	ENT											
Image:	EGM							_				
Ideclare 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, 20 DATE   OWNERSHIP TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE   NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE   Partnership IMAME OF LEGAL ENTITY (other than DBA) (typed or printed)   Proprietorship Image: Corporation   Other PREPARER'S NAME AND ADDRESS (typed or printed)	S											
Ideclare 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, 20 DATE   OWNERSHIP TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE   NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE   Partnership IMAME OF LEGAL ENTITY (other than DBA) (typed or printed)   Proprietorship Image: Corporation   Other PREPARER'S NAME AND ADDRESS (typed or printed)							-				1	
Ideclare 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, 20 DATE   OWNERSHIP TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE   NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE   Partnership IMAME OF LEGAL ENTITY (other than DBA) (typed or printed)   Proprietorship Image: Corporation   Other PREPARER'S NAME AND ADDRESS (typed or printed)	ENT											
Ideclare 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, 20 DATE   OWNERSHIP TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE   NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE   Partnership IMAME OF LEGAL ENTITY (other than DBA) (typed or printed)   Proprietorship Image: Corporation   Other PREPARER'S NAME AND ADDRESS (typed or printed)	BMB											
Determined in Note	SE											
Determined in Note												
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 nare as the assessee in this statement at 12:01 a.m. on January 1, 20       DATE         OWNERSHIP TYPE (3)       SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE         NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)       TITLE         Proprietorship       NAME OF LEGAL ENTITY (other than DBA) (typed or printed)       TITLE         Orporation       PREPARER'S NAME AND ADDRESS (typed or printed)       TELEPHONE NO.       TITLE         Other       (										NO. OF CONT	INUATION	SHEETS ATTACHED
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 name as the assessee in this statement at 12:01 a.m. on January 1, 20       DATE         OWNERSHIP TYPE (3)       SiGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE         NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)       TITLE         Proprietorship       NAME OF LEGAL ENTITY (other than DBA) (typed or printed)       TITLE         Ocrporation       PREPARER'S NAME AND ADDRESS (typed or printed)       TELEPHONE NO.       TITLE         Other       I       TITLE       TITLE	Idad							aant ind	udina			
by the person n=reference in this statement at 12:01 a.m. on January 1, 20   OWNERSHIP SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE   Proprietorship I   Proprietorship NAME OF LEGAL ENTITY (other than DBA) (typed or printed)   NAME OF LEGAL ENTITY (other than DBA) (typed or printed)   Proprietorship PREPARER'S NAME AND ADDRESS (typed or printed)   TELEPHONE NO.   Other	accor	npanying sched	ules, statements or other	attachments, and to the best of r	ny knowledge	and	belief it is	s true, co	orrect,			
OWNERSHIP TYPE (3)     SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*     DATE       Proprietorship     Image: Comportion of the component of the co	and c	complete and inc	cludes all property require	d to be reported which is owned, ement at 12:01 a m on January 1	claimed, posses	ssed,	controlled	d, or mai	naged			
TYPE (3)     Image: Constraint of the sector o					.0			DATE				
Proprietorship     Image: Constraint of the sector of the se	C		•									
Partnership     Image: Amage: Am		_	NAME OF ASSESSEE OR AUTHOR	IZED AGENT* (typed or printed)				TITLE				
Partnersnip     I       Corporation     I       Other     I         TelePHONE NO.       Image: Corporation of the state of the sta	Proprie	etorship 🔲										
Other D     Interview of printed)     Interview of printed)	Partnei	rship 🗆	NAME OF LEGAL ENTITY (other th	nan DBA) (typed or printed)				FEDER	AL EMPLC	IYER ID NO.		
Other ( )	Corpor	ation 🗆	PREPARER'S NAME AND ADDRES	S (typed or printed)	TELEPHONE NO.			TITLE				
*Agent: see page S2F for Declaration by Assessee instructions.		_			( )							
				*Agent: see page S2F for Declaration	on by Assessee in	struct	ions.	<b> </b>				

THIS STATEMENT SUBJECT TO AUDIT





## Robert Menvielle

Imperial County Assessor 940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

ASSESSOR'S TAXPAYER'S DATE SOLD OR ABANDONED STATUS LENGTH ACT/EST ACT/EST ACT/EST		A	В	С	D	E		F	G
$ \begin{tabular}{ c c c c } \hline  c c c c c c c c c c c c c c c c c c $	т			DESIGNATION, NAME, OR NO.	ТҮРЕ	WIDTH	I-FT	ACQUIRED	BASIS
$ \begin{tabular}{ c c c c c } \hline  c c c c c c c c c c c c c c c c c c $	SEGMEN	ASSESSOR'S USE ONLY			STATUS	LENG	ТН	ACT/EST	ACT/EST
	0,				LINE	CLASS	OWN	BOOKED	BOOKED
	NT								
	SEGME		TL	JIC				Λ	
	ENT							A	
Segment       Image: Segment<	SEGM								1
Image: sequence of the sequen	UT			$\Delta \Lambda / I$					
Segment       Segment	SEGMEN								
Segment									
Segment       Segment	MENT								
	SEG								
	T								
Image: Second	SEGMEN			$\cup$					
	MENT								
L     Image: Constraint of the second s	SEGI								
E E E E E E E E E E E E E E E E E E E									
	SEGMEN								
CONTINUATION SHEET NO.	<sup>v</sup>								

# 

#### INSTRUCTIONS FOR RIGHT-OF-WAY PROPERTY STATEMENT

Verify or provide your name and mailing address on the front of the property statement. Also provide the name, title, telephone number, and fax number of the person to contact regarding this property statement.

The property statement must be executed (signed) in accordance with Rule 172, Title 18, California Code of Regulations and submitted to Assessor.

On the back of the property statement is a continuation sheet that is intended to be copied as needed. In lieu of filling out the continuation sheets manually, you may attach the information in another format, such as computer-prepared listings, provided that the attachments are in a format as specified by the Assessor. If the Assessor has provided a listing of segments, use the continuation sheet for reporting newly acquired segments, previously unreported segments, or segments not shown in detail listing.

Report all rights-of-way situated in this county that you owned, claimed, possessed, controlled, or managed on the tax lien date, except do not report rights-of-way assessed by the California State Board of Equalization or rights-of-way assessed with another property such as an oil lease. The property statement will be rejected if segment information is not provided as requested in these instructions or if the property statement is captioned "No Change," "Change Only Listing," "Same as Last Year," or similar wording.

List segments in file/parcel number and segment name order. List new segments separately for both manually- and computer-prepared listings. Provide maps for all rights-of-way acquired since the previous lien date.

Column E — Width. It is acceptable to report an average width for rights-of-way having similar characteristics. You may also provide your "best reasonable guess." If the width is unknown or undefined, report the width as "1" (foot).

Column E — Length. It is acceptable to report an average amount per length for rights-of-way having similar characteristics. It is not expected or required that you report the exact amount for each and every length. Please use prudent reasonable judgment in allocating accounting costs and property tax basis.

#### 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 ELC 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.

### EXAMPLE AND EXPLANATION OF INFORMATION REQUIRED IN EACH COLUMN

Example

	A	В		D	E	F	G
F	FILE/PARCEL NO.	ASSESSED VALUE OR	DESIGNATION, NAME, OR NO.	TYPE	WIDTH-FT	ACQUIRED	BASIS
SEGMENT	ASSESSOR'S USE ONLY	TAXPAYER'S DATE SOLD OR ABANDONED		STATUS	LENGTH	ACT/EST	ACT/EST
SI				LINE	CLAS <mark>S</mark> OWN	BOOKED	BOOKED
E	25-1234567-123		PL1 - PL2	A	25	03/01/1975	41020
SEGMENT			761477A	0	8356	В	В
S			NEAR HWY 55	1	3 D	07/01/1948	5100

#### Explanation

COLUMN	ITEM	DESCRIPTION
A	File/Parcel No.	Assessor's file or parcel number. Enter "NEW" for newly acquired segments not re-
		ported previously.
	Assessor's Use Only	Leave this item (cell) blank.
В	Assessed Value or Date	Leave this item blank unless sold or abandoned. Enter "S" or "A" and the date
	Sold or Abandoned	(e.g., A-5/15/95).



COLUMN		TEM	DESCRIPTION
C	Designation	, Name, or No.	Enter the right-of-way name, number, or other designation.
			This item is for your use, such as location coding, map reference, accounting informa
			tion, etc. Indicate the purpose of the item (see example "Location").
			This item is for your use, such as location coding, map reference, accounting informa
			tion, etc. Indicate the purpose of the item (see example "Remarks").
D	Туре		Enter "A" for intercounty or "B" for intracounty. An intercounty right-of-way starts in
			one county and ends in another.
	Status		Enter one of the following status codes:
			"A" - Abandoned during the past year.
			"S" - Sold during the past year.
			"I" - Idle in which no pipelines exist.
			"O" - Operational in which one pipeline exists.
	Lines		Enter the number of pipelines within the right-of-way excluding pipelines belonging
_			to others.
E	Width-Ft		Enter the right-of-way width in feet using whole numbers. An average width may be
			entered for rights-of-way having similar characteristics. A "best guess" is acceptable. I
			width is unknown or undefined, enter 1.
	Length		Enter the right-of-way length in feet using whole numbers (no decimal).
	Class	Ownership	Enter one of the following land classification codes (contact the Assessor for the defi
			nitions and use of these codes):
			"1" through "5" - The Assessor uses a predetermined value per mile
			based on type and location of the right-of-way; for example, a class
			code of "1" may be used for rights-of-way going through a large city.
			"N" - Not valued; for example, no pipelines exist because current
			environmental laws preclude construction.
			"A" - The Assessor is using an acquisition date and cost different from
			those associated with class codes "1" through "5."
			Enter one of the following ownership codes:
			"D" - The surface, non-government land owner and the right-of-way owner
			are different.
			"P" - The surface owner is a government entity.
			"S" - The surface, non-government land owner and the right-of-way owner
			are the same.
F	Acquired		Enter the date acquired for property tax purposes. The date may or may not be the
			same as the date for accounting purposes. The date may be the established base yea
			actual acquisition date, or an alternate date set by the Assessor.
	Act/Est		Enter one of the following codes relating to the acquired date:
			"A" - Actual date of acquisition.
			"E" - Actual date is unknown, the date provided is your best guess.
			"Y" - The acquisition year is actual, but the month and day are estimated.
			"B" - Base year as set by the Assessor, or the date associated with class
			code "1" through "5."
	Booked		Enter the date when the right-of-way was first reflected in your accounting records.
			Leave this blank if not in your books.
G	Basis		Enter the property tax basis. The amount to report is the full purchase price including
			survey fees, legal charges, and other acquisition expenses, whether or not the ex-
			penses are capitalized for income tax or financial reporting purposes. Gifts and other
			non-cash grants to the seller must be converted to cash equivalent and added to the
			purchase price. If the Assessor uses a land classification value code other than "A," the
			basis will be changed to reflect the value associated with that class code.
	Act/Est		Enter one of the following codes relating to the "Basis:"
		1	"A" - Actual cost.
			"E" - Actual cost is unknown, the basis reported is your best guess.
			"B" - Basis as set by the Assessor, or the basis associated with class code
			"B" - Basis as set by the Assessor, or the basis associated with class code "1" through "5".
	Booked		"B" - Basis as set by the Assessor, or the basis associated with class code
			"B" - Basis as set by the Assessor, or the basis associated with class code "1" through "5".

