RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED. FILE RETURN BY APRIL 1. 2021 Make ANDXALMS ADDRESSS MAKE AND ADDRESS OF AND POINT AND POINT AND ADDRESS OF POWER OF SUCH ADDRESS OF	EF-571-R-R23-0520-150001 BOE-571-R (P1) REV. 23 (05-20) <b>APARTMENT HOUSE P</b> <b>STATEMENT FOR 2021</b> (Declaration of costs and other property information as of 12:01 January 1, 2021)	<b>ROPERTY</b> related		SERVICON * CPLIFOR	ALL X	<b>K</b> o 11 Ba Ph	15 Truxt kersfield : 661-86	unty Assesso un Avenue d, CA 93301	or and Recorder
INVEX.ND VALUE/CODERSS     (Make necessary corrections to the printed name and mailing address.)     (Make necessary corrections to the printed name and mailing address.)     (Make necessary corrections to the printed name and mailing address.)     (Make necessary corrections to the printed name and mailing address.)     (Make necessary corrections to the printed name and mailing address.)     (Make necessary corrections to the printed name and mailing address.)     (Make necessary corrections to the printed name and mailing address.)     (Make necessary corrections to the printed name and mailing address.)     (Make necessary corrections to the printed name and mailing address.)     (Make necessary corrections to the printed name and mailing address.)     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary corrections to context at location of accounting records.     (Make necessary correction			OT BE ACCEPT	ſED.					
Cost Telephone Number	,								
End Robins of general eldger and ell related accounting records include:	(Make necessary correcti	ions to the printed name	e and mailing add	lress.)	_				
L	·					(ille a	separate	statement for each i	ocalion)
L									
L									
Local Telephone Number						2. En	ter the tot		
Local Telephone Number       Fae Number       Fae Number         Enter location of general ledges and al related accounting records (include 2p code).       Enter location of general ledges and al related accounting records (include 2p code).       Enter location of general ledges and al related accounting records (include 2p code).       Enter location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of general ledges and al related accounting records.       It location of accounted ledge	L								
									INO .
STREET       CTY       IBTXE       ZIP       IBTXE       ZIP       IBTXE       ZIP       IBTXE       ZIP       IBTXE       ZIP       ZIP       IBTXE       ZIP       ZIP </td <td>Email Address</td> <td><b>T</b></td> <td></td> <td></td> <td></td> <td>3. Du</td> <td>ring the p</td> <td></td> <td>020 through December 31,</td>	Email Address	<b>T</b>				3. Du	ring the p		020 through December 31,
Enter name and telephone number of authorized person to contact at location of accoluming records:  Enter name and telephone number of authorized person to contact at location of accoluming records:  CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS  I. Iry our to longer own this property as of almary 1 of this year, show the name and mailing address of the new on accoluming in Address City and State		all related accounting	records (include :	zip code):		(1)	Did any	individual or legal e	ntity (corporation, partnership
Enter name and telephone number of authorized person to conflact at location of accounting records:       If Wigs No         CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS:       If You no longer own this property as of January 1 of this year, show the name and mailing address of the new       If Wigs No         Name	STREET		CITY	SI	TATE ZIP				
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS     (2) If YES, dd this business entity also own 'real property' (see owner:     Name	Enter name and talanhana number	of outborized person to							
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS:       instructions for definition). In California at the time of the owner.         Name		or authorized person to		on or accounting reco	JIUS.	(2)			hu alaa awa "raal proportu" (aa
1. wrouno longer own this property as of January 1 of this year, show the name and maling address of the new Vs No       acquisition?         Name       0) If YES 16 both queetions (1) and (2), filer must submit from gotted and concept of the stage board of Equalization. See instructions for filing requirements.       (3) If YES 16 both queetions (1) and (2), filer must submit from gotted and concept of Charge et Concept and Charge et Concet and Charge et Concet and Charge et Concept and Charge et Concept	CAREFULLY READ AND FOLLOW	W THE ACCOMPANYI		NS.		_ (2)			
OWNER:	1. If you no longer own this pro	p <mark>pert</mark> y as of January 1 c	of this year, show	the name and mailin	g address of the ne	ew			
Mailing Address       DCI-100-B. Statement of Chainge in Control and Outership Used Testinger to the State Board of Equalization. See instructions for filing requirements.         4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises? Yes No If yes, lattbelow       NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         5. Do you hold furniture or equipment belonging to others on a loan, refnal, or lease basis? Yes No If yes, list below.       ASSESSOR'S USE ONLY       ASSESSOR'S USE ONLY         6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stores and refnigerator), not built-in), and unfurnished units. Also complete Schedule A. Do not findude, either here or in Schedule A, any unit is witch you live.       2 BEDRM.       LARGER         FULLY FURNISHED       Image: Study of the study of the study on the witch you live.       3 BEDRM.       LARGER         7. Supplies       Cost       Image: Enter From Schedule A       Image: Enter From Schedule A       Image: Enter From Schedule A         9. Other furniture and appliances       Enter From Schedule A       Image: Enter From Schedule A       Image: Enter From Schedule A         9. Other furniture and equipment       Enter From Schedule A       Image: Enter From Schedule A       Image: Enter From Schedule A         9. Other furniture and equipment       Enter From Schedule B       Image: Enter From Schedule B						(3)			and (2) filer must submit form
City and State						_ (0)	BOE-10	0-B, Statement of C <mark>h</mark>	ange in Control and Ownership
City and state	-								
premises?       Yes       No       If yes, list below.       AATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? Yes       No       If yes, list below.       ASSESSOR'S USE ONLY         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION       ASSESSOR'S USE ONLY         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION       If yes, list below.         Image: Solid out the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete schedule A. Do not include, either here or in Schedule A. any unit in which you live.       If yes, list below.         FULLY FURNISHED       Image: Solid out the store out th	City and State			_ Zip Code				5 1	
S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         G. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A. any unit in which you live.         FULLY FURNISHED       Image: Construction of the part of			is do business or o	own personal proper	ty (other than house	ehold furn	ture and	personal effects of yo	our tenants) located on your
S. Do you hold furniture or equipment belonging to others on a loan; rental, or lease basis? Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         Image: Control of Conter of Conter Control of Control of Control of Control	NAME AND ADDRESS OF	OWNER OF SUCH P	ROPERTY	NA	TURE OF THE BU	J <mark>SI</mark> NESS (	OR PROP	PERTY	A005000010
Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stores and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live.         FULLY FURNISHED       Image: Superior Store Stor									
Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stores and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live.         FULLY FURNISHED       Image: Superior Store Stor	5 Do you hold furniture or equi	pment belonging to oth	ers on a loan ren	tal or lease basis?	- V - '				
6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you ive.         FULLY FURNISHED       1       2       2       BEDRM.       3       BEDRM.       LARGER         FULLY FURNISHED       1       1       1       1       1       1       1         PARTLY FURNISHED       1       1       1       1       1       1       1         TOTALS       1       1       1       1       1       1       1       1         7. Supplies       Cost       1 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
Schedule A. Do not include, either here or in Schedule A any unit in which you live.         SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       Image: Content of the state	NAME AND ADDRESS OF	OWNER OF SUCH PE	ROPERTY		QUANTITY AN	ND DESCH	RIPTION		
Schedule A. Do not include, either here or in Schedule A any unit in which you live.         SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       Image: Content of the state									
Schedule A. Do not include, either here or in Schedule A any unit in which you live.         SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       Image: Content of the state									
FULLY FURNISHED       Image: Constant of the second s					ators, not built-in), a	and unfurr	iished un	its. Also complete	
PARTLY FURNISHED         Image: Constraint of the stress of the stre		SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BE	DRM.	LARGER	
UNFURNISHED         Image: Constant of the state of	FULLY FURNISHED								
TOTALS         Cost         Cost           7. Supplies         Cost            8. Furniture and appliances         Enter From Schedule A            9. Other furniture and equipment         Enter From Schedule B            10.         TOTAL FULL VALUE            9. Other furniture and equipment         FixTURES	PARTLY FURNISHED								
7. Supplies     Cost       8. Furniture and appliances     Enter From Schedule A       9. Other furniture and equipment     Enter From Schedule B       10.     TOTAL FULL VALUE       V     PERSONAL PROPERTY       FIXTURES     OTHER IMPROVEMENTS						-			
8. Furniture and appliances       Enter From Schedule A         9. Other furniture and equipment       Enter From Schedule B         10.       TOTAL FULL VALUE         PERSONAL PROPERTY       FIXTURES         FIXTURES       OTHER IMPROVEMENTS									
9. Other furniture and equipment     Enter From Schedule B       10.       Image: Constraint of the state of the stat									
10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS									
TOTAL FULL VALUE       PERSONAL PROPERTY       FIXTURES       OTHER IMPROVEMENTS		nt			Enter From Sch	nedule B			
PERSONAL PROPERTY       FIXTURES       OTHER IMPROVEMENTS	10.								
PERSONAL PROPERTY       FIXTURES       OTHER IMPROVEMENTS						Г			
FIXTURES       OTHER IMPROVEMENTS									
OTHER IMPROVEMENTS									



## EF-571-R-R23-0520-15000158-2

#### 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	CES (include ite	ems in storage,	SCHEDUL	E B OTHER FURNITURE AN pool, vending, signs, fire e		office, lobby, laundry,		
Year of Acquisition	Original Installed Cost (NOT depreciated book value)	FOR ASSESSOR'S USE ONLY		Year of	Original Installed Cost	FOR ASSESSOR'S USE ONLY			
		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 & prior				2010 & prior					
TOTAL COST Enter on line 8				TOTAL COS Enter on line					
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 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.