_ MISCELLANEOUS PROPERTY STATEMENT

OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20 ____. 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 Code section 463. This statement is not a public document. The information contained herein will be held secret by the Assessor (Code section 451); it can be disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement

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Shelly Scott

Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C

San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

2. LOCATION OF THE PROPERTY:

disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.					(File a separate statement for each location) Street Address			
1. NAME AND MAILING AD	ODRESS (Make necessary co	rrections to the printed name	and mailing address.)		ty			
Г	·		-	3. DC	O YOU OWN THE LAND Yes No yes, is the name on you	ur deed	_	
					corded as shown on th			
				4. LO	CAL PHONE NUMBER	₹()		
				E-1	Mail Address (optional	l)		
L					RANS:			
	ventories are exempt from t	d, or managed by you at this lo exation and should not be rep		uary 1 of re years.	e you filing a claim for Yes No yes, a separate "Claim for the Assessor on or before the Percent Perce	for Veterans' Exempti	n? ion" form must be filed	
DESC	CRIPTION OF PROPERTY	DATE AC QUIRED	(0)\$1		RÉMARKS		ASSESSOR'S USE ONLY	
5. SUPPLIES		XXX	X					
6. EQUIPMENT		XXX	X X X X X					
a. Total cost of all equ	uipment h <mark>eld</mark> on January 1, la	st year X X X	X					
b. Equipment acquire	ed since January 1, last year	X X X	x x x x					
- Continue and discount	ad af air as lawren 1 lastron	y y y	V V V V V					
c. Equipment dispose	ed of since January 1, last yea	ır XXX	X XXXX					
d Total cost of all equ	uipment held on January 1, t	nis year X X X	x					
7. OTHER (describe)	aipment neid on January 1, d	no year A A A	^			_		
. , ,	EHOLD IMPROVEMENTS:		(7.12)					
	nd retirements in detail)	MONTH & Y	EAR					
INSTRUCTIONS:					TOTAL FULL			
Line 5. Enter the cost of you					VALUE			
		e January 1 o <mark>f la</mark> st year. Add <mark>ition</mark> the figures for lines a and b <mark>and</mark>			PERSONAL PROPER	DTV		
Line 7. Enter the date acqu	ired, cost, and description of a	ny other pe <mark>rson</mark> al property <mark>at t</mark> h	is location. Additional she	ets may be at-				
Line 8. Describe in detail an		and retirements to your buildin			FIXTURES (IMPROVEMENTS)			
the buildings of you	ir landlord during the year bein	g reported. Do not repeat items).		DDOCESSING D	^_^	
OWNERSHIP Note: The following declaration must be completed and						PROCESSING DA		
TYPE (4)	signed.	If you do not do so, it may	result in penalties.		OPERATION	BY	DATE	
Proprietorship \Box	I declare under penalty	of perjury under the law	s of the State of Cali	fornia that I	ANALYZED			
Partnership		property statement, included in the best archments, and to the best			COMPUTED			
Corporation \square	☐ true, correct, and complete and includes all property required to be reported				APPRAISED			
Other	which is owned, claimed, possessed, controlled, or managed by the person names as the assessee in this statement at 12:01 a.m. on January 1, 20			rson named	REVIEWED			
SIGNATURE OF ASSESSEE OR AU	THORIZED AGENT*		DATE		POSTED TO:			
P								
NAME OF ASSESSEE OR AUTHOR	RIZED AGENT* (typed or printed)		TITLE					
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)			FEDERAL EMPLOYER ID NUN	IBER	TAX AREA CODE:			
The second secon					BUS. CODE:		_	
PREPARER'S NAME AND ADDRES	SS (typed or printed)	TELEPHONE NUMBER	TITLE		DOS. CODE:			

THIS STATEMENT SUBJECT TO AUDIT



^{*}Agent: see back for Declaration by Assessee instructions.

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.



