EF-571-R-R24-0521-23000154-1

BOE-571-R (P1) REV. 24 (05-21)

# APARTMENT HOUSE PROPERTY STATEMENT FOR 2022

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2022)



**MENDOCINO COUNTY ASSESSOR** 501 Low Gap Road, Room 1020

OTHER IMPROVEMENTS

LAND

Katrina Bartolomie

Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

RETURN THIS ORIGINAL FORM FILE RETURN BY APRIL 1, 202		OT BE ACCEPT	ED.				
NAME AND MAILING ADDRE							
(Make necessary correctio	ons to the printed name	and mailing addi	ess.)	٦		THE PROPERTY (s	
L					2. Enter the total	al number of units fo	
						Do you live i	n one of the units?
Local Telephone Number		Fax Numbe	r		- If was enter t	the unit number	110
Email Address  Enter location of general ledger and	all related accounting i	records (include z	ip co <mark>de</mark> ):		- 3. During the pe 2021:	eriod of January 1, 2	021 through December 31,
STREET		CITY	s	TATE ZIP	limited lia	bility company, etc.)	ntity (corporation, partnership, acquire a "controlling definition) in this business
Enter name and telephone number of	o <mark>f a</mark> uthorized person to	contact at locatio	n of accounting rec	cords:	entity? ☐ Yes [		
					(2) If YES, di	d this business entit	y also own "real property" (see
CAREFULLY READ AND FOLLOW				on address of the n	a a muiaiti a		California at the time of the
<ol> <li>If you no longer own this propowner:</li> </ol>	perty as of January 1 o	tinis year, snow t	ne name and mailir	ng address of the ne	□ Yes		
Name							<mark>a</mark> nd (2), filer must submit form ange in Control and Ownership
Mailing Address			V		of Legal	Entities, to the Stat	te Board of Equalization. See
City and State			Zip Code		instruction	ns for filing requirem	hents.
Do any other individuals, partripremises? ☐ Yes ☐ No	nerships or corporations If <b>yes</b> , list below.	s do business or o	wn personal prope	rty (other than house	ehold furniture and p	ersonal effects of yo	our tenants) located on your
NAME AND ADDRESS OF (	OWNER OF SUCH PR	OPERTY	N/	TURE OF THE BU	SINESS OR PROPE	ERTY	
							ASSESSOR'S USE ONLY
				V			
<ol> <li>Do you hold furniture or equip</li> <li>☐ Yes ☐ No If yes, I</li> </ol>	oment belonging to othe list below.	ers on a loan, ren	tal, or lease basis?			_	
NAME AND ADDRESS OF (	OWNER OF SUCH PR	OPERTY		QUANTITY AN	D DESCRIPTION		
<ol><li>ENTER BELOW the number of Schedule A. Do not include, et</li></ol>				ators, no <mark>t b</mark> uilt-in), a	and unfur <mark>ni</mark> shed unit	s. Also complete	
	SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BEDRM.	LARGER	
FULLY FURNISHED							
PARTLY FURNISHED							
UNFURNISHED							
TOTALS							
7. Supplies				Falsa Fasa Oak	Cost		
8. Furniture and appliances				Enter From Sch			
9. Other furniture and equipmen 10.				Enter From Sch	edule B		
10.							
					TOTAL FU	ILL VALUE	
					PERSONA	AL PROPERTY	
					FIXTURES	3	

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**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.

Year of Acquisition	do not include built-ins)	FOR ASSESSOR'S USE ONLY		Year of	, , , , , , , , , , , , , , , , , , , ,	extinguishers)  FOR ASSESSOR'S USE ONLY		
	Original Installed Cost (NOT depreciated book value)	Factor	Value	Acquisition	Original Installed Cost (NOT depreciated book value)	Factor	Value	
2021				2021				
2020				2020				
2019				2019				
2018				2018				
2017				2017				
2016				2016				
2015				2015				
2014				2014				
2013				2013				
2012				2012				
2011 & prior				2011 & prior				
OTAL COST Enter on line 8				TOTAL COS				
REMARKS:								

### **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, 2022.

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

<sup>\*</sup>Agent: See page 3 for Declaration by Assessee instructions.



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### **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 <a href="https://www.boe.ca.gov">www.boe.ca.gov</a> 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.

