EF-571-R-R25-0522-25000140-1

BOE-571-R (P1) REV. 25 (05-22)

APARTMENT HOUSE PROPERTY STATEMENT FOR 2023

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2023)



FILE RETURN BY APRIL 1, 2023

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)



Kristen DePaul **Modoc County Assessor**

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237

assessor@co.modoc.ca.us

Enter Location of general ledger and all related accounting records (include zip code): STREET CITY STATE ZIP TO general ledger and all related accounting records (include zip code): STREET CITY STATE ZIP TO general ledger and all related accounting records (include zip code): STREET CITY STATE ZIP TO general ledger and all related accounting records (include zip code): STATE ZIP TO general ledger and all related accounting records (include zip code): STATE ZIP TO general ledger and all related accounting records (include zip code): STATE ZIP TO general ledger and all related accounting records (include zip code): STATE ZIP TO general ledger and all related accounting records (include zip code): TO general ledger and all related accounting records (include zip code): STATE ZIP TO general ledger and all related accounting records (include zip code): STATE ZIP TO general ledger and all related accounting records (include zip controlling and yield include) (include zip controlling include zip controlling requires entity (see instructions for definition) in this business entity (see instructions for definition) in Galfornia at the time of the acquisitions of which is property as of January 1 of this year, show the name and mailing address of this new controlling acquires entity (see instructions for definition) in Galfornia at the time of the acquisitions of definition in Galfornia at the time of the acquisitions of definition in Galfornia at the time of the acquisitions of filters in Code (include) (includ						LOCATION OF THE PROPERTY (street, city) (file a separate statement for each location)			
Do you live in one of the units?									
Types ander the unit number Fax Number	L					2. Enter the tota	Do you live	in one of the units?	
Enter location of general ledger and all related accounting records include zip code): STREET STATE STAT	Local Telephone Number		Fax Numbe			If yes, enter			
STREET CITY		all related accounting	records (include a	zin code):			eriod of January 1, 2	2022 through December 31,	
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. 1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new owner: Name	STREET		CITY	ST		(1) Did any limited lia	bility company, etc.	acquire a "controlling	
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. 1. If you no longer own this property as of January 1 of this year, show the name and mailing address of this new acquisition? 1. If you no longer own this property as of January 1 of this year, show the name and mailing address of this new acquisition? 1. If you no longer own this property as of January 1 of this year, show the name and mailing address of this new acquisition? 1. If you no longer own this property as of January 1 of this year, show the name and mailing address of this new acquisition? 1. If you no longer own this property as of January 1 of this year, show the name and mailing address of this new acquisition? 1. If you no longer own this property as of January 1 of this year, show the name and mailing address of this new acquisition? 2. If you are good and you not you not you show the name and mailing address of this new acquisition? 3. If YES to both questions (1) and (2), filter must submit form DDF-10-9-8-8 introductions for filting requirements. 3. If YES to both questions (1) and (2), filter must submit form DDF-10-9-8-8 introductions for filting requirements. 4. Do any other individuals, partnerships or corporations do business or own personal property (ther than household furniture and personal effects of your tenants) located on your premises? 3. Do any other individuals, partnerships or corporations do business or own personal property (ther than household furniture and personal effects of your tenants) located on your personal effects of your tenants) located on your tenants) located on your personal effects of your tenants) located on yo	Enter name and telephone number of	f authorized person to	contact at location	on of accounting reco	ords:				
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. 1. If you no long row this property as of January 1 for this year, show the name and mailing address of this new owner. Name								ty also own "real property" (see	
No owner Name No No No No No No No N	CAREFULLY READ AND FOLLOW	THE ACCOMPANYI	NG INSTRUCTION	NS.		instructio	ns for definition) in		
Name		erty as of January 1 c	of this year, show t	he name and mailin	g address of the ne				
Mailing Address									
City and State									
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, list below. NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NATURE OF THE BUSINESS OR PROPERTY 5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? Yes No if yes, list below.	-			Zin Codo					
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION 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 live: FULLY FURNISHED PARTLY FURNISHED UNFURNISHED UNFURNISHED OTITALS TOTALS Enter From Schedule A 9. Other furniture and appliances Enter From Schedule A 10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	Do any other individuals, partner	erships or corporation	s do business or o		ty (other than house	hold furniture and p	personal effects of ye	our tenants) located on your	
ASSESSOR'S USE ONLY S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION 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 live. SLP, ROOM STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED PARTLY FURNISHED UNFURNISHED 1. Cost 8. Furniture and appliances Enter From Schedule A 9. Other furniture and equipment Enter From Schedule B 10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	premises?	If yes , list below.							
5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION	NAME AND ADDRESS OF C	OWNER OF SUCH PE	ROPERTY	NA	TURE OF THE BUS	SINESS OR PROP	ERTY	A99E990D'9	
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION 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 live. SLP. ROOM STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED PARTLY FURNISHED UNFURNISHED UNFURNISHED Cost TOTALS Cost Enter From Schedule A 9. Other furniture and equipment Enter From Schedule B TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS									
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION 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 live. SLP. ROOM STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED PARTLY FURNISHED UNFURNISHED UNFURNISHED Cost TOTALS Cost Enter From Schedule A 9. Other furniture and equipment Enter From Schedule B TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS									
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 live. SLP. ROOM			ers on a loan, ren	tal, or lease basis?					
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 live. SLP. ROOM	NAME AND ADDRESS OF C	OWNER OF SUCH PE	ROPERTY		QUANTITY AN	D DESCRIPTION			
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									
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	6. ENTER BELOW the number of Schedule A. Do not include, et	of fully furnished, parti ither here or in Sched	ly furn <mark>ish</mark> ed (e.g., lule A, an <mark>y unit in</mark>	stoves and refrigera	ators, not built-in), a	nd unfurnished uni	s. Also complete		
PARTLY FURNISHED UNFURNISHED TOTALS 7. Supplies Cost 8. Furniture and appliances 9. Other furniture and equipment Enter From Schedule A 9. Other furniture and equipment TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS		SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BEDRM.	LARGER		
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7. Supplies Cost 8. Furniture and appliances Enter From Schedule A 9. Other furniture and equipment Enter From Schedule B 10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	UNFURNISHED								
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9. Other furniture and equipment Enter From Schedule B TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	7. Supplies					Cost			
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FIXTURES OTHER IMPROVEMENTS						TOTAL FL	JLL VALUE		
OTHER IMPROVEMENTS						PERSON	AL PROPERTY		
						FIXTURE	S		
LAND						OTHER IN	MPROVEMENTS		
						LAND			

BOE-571-R (P2) REV. 25 (05-22)

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 APPLIAN do not include built-ins)	CES (include ite	ems in storage,	SCHEDUL	E B OTHER FURNITURE AN pool, vending, signs, fire e	ID EQUIPMENT (o extinguishers)	ffice, lobby, la	
Year of Acquisition	Original Installed Cost	FOR ASSESSO	FOR ASSESSOR'S USE ONLY		Original Installed Cost	FOR ASSESSOR'S USE ONLY		
	(NOT depreciated book value)	Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value	
2022				2022				
2021				2021				
2020				2020				
2019				2019				
2018				2018				
2017				2017				
2016				2016				
2015			A	2015				
2014				2014				
2013				2013				
2012 & prior				2012 & prior				
TOTAL COST	\$			TOTAL COS	T \$			
Enter on line 8	, page 1.			Enter on line	9, page 1.			
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, 2023.

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.

