EF-571-R-R23-0520-28000219-1

BOE-571-R (P1) REV. 23 (05-20)

APARTMENT HOUSE PROPERTY STATEMENT FOR 2021

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2021)



John Tuteur Napa County Assessor-Clerk-Recorder

1127 First St Room 128 Napa, CA 94559 PH: (707) 253-4467 FAX: (707) 253-6171

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

ILE RETURN BY APRIL 1, 2021								
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)					LOCATION OF THE PROPERTY (street, city)			
(Make necessary corrections to the printed name and maining address.)					(file a separate statement for each location)			
					2 Enter the	total number of units for	or the location listed	
				1	2. 2.1(6. (1.16.)		in one of the units?	
						Yes	No	
_ocal Telephone Number		Fax Numbe				er the unit number		
Email Address					3. During the 2020:	period of January 1,	2020 through December 31,	
Enter location of general ledger and a	all <mark>rel</mark> ated acco <mark>unt</mark> ing	records (include z	ip code):			ny individual or logal	entity (corporation, partnership,	
STREET		CITY	S	TATE ZIP			.) acquire a "controlling	
							r definition) in this business	
Enter name and telephone number of	f authorized person to	o contact at locatio	n of accounting rec	ords:	entity?			
					_ ` ′		ity also own "real property" (see	
CAREFULLY READ AND FOLLOW					acquis	· ·	California at the time of the	
 If you no longer own this proposition owner: 	erty as of January 1	of this year, show t	he name and mailin	g address of the ne	Yes Yes			
Name						(3) If YES to both questions (1) and (2), filer must submit form		
Mailing Address							nange in Control and Ownership ate Board of Equalization. See	
City and State			Zip Code			ctions for filing require		
					_			
4. Do any other individuals, partner premises? Yes No	erships or corporation If yes , list below.	ns do business or o	wn personal proper	ty (other than house	ehold furniture an	d personal effects of y	our tenants) located on your	
NAME AND ADDRESS OF O		DODEDTY	210	TURE OF THE BU	CINESS OF PRO	DEDTY	 	
NAME AND ADDRESS OF C	WILL OF SOCIE	KOPEKII	IVA	TORE OF THE BO	SINESS ON FIN	FERTI	ASSESSOR'S	
							USE ONLY	
Do you hold furniture or equipr	ment belonging to oth	ners on a loan, rent	tal or lease basis?					
	st below.	icis on a loan, rem	iai, or rease basis:					
NAME AND ADDRESS OF C	WNER OF SUCH P	ROPERTY		QUANTITY AN	D DESCRIPTION	N	-	
							=	
							-	
6. ENTER BELOW the number of				ators, not built-in), a	and unfur <mark>ni</mark> shed u	units. Also complete	-	
Schedule A. Do not include, el	ither here or in Sche	dule A, any unit in	which you live.					
	SLP. ROOM	STUDIO	1 BEDRM.				1	
FULLY FURNISHED		310010	I BEDIXW.	2 BEDRM.	3 BEDRM.	LARGER]	
		310010	I BEBRWI.	2 BEDRM.	3 BEDRM.	LARGER	-	
PARTLY FURNISHED		отомо	I BEBRIN.	2 BEDRM.	3 BEDRM.	LARGER		
		310010	I BEBNIII.	2 BEDRM.	3 BEDRM.	LARGER		
PARTLY FURNISHED		ОТОБІО	I BEDINI.	2 BEDRM.	3 BEDRM.	LARGER		
PARTLY FURNISHED UNFURNISHED		ЗТОВІС	I DEDINI.	2 BEDRM.	3 BEDRM.	LARGER		
PARTLY FURNISHED UNFURNISHED TOTALS		ЗТОБІС	I DEDINI.	2 BEDRM. Enter From Sch	Cost	LARGER		
PARTLY FURNISHED UNFURNISHED TOTALS 7. Supplies		ЗТОВІС	I DEDINI.		Cost edule A	LARGER		
PARTLY FURNISHED UNFURNISHED TOTALS 7. Supplies 8. Furniture and appliances		ЗТОБІС	I DEDINI.	Enter From Sch	Cost edule A	LARGER		
PARTLY FURNISHED UNFURNISHED TOTALS 7. Supplies 8. Furniture and appliances 9. Other furniture and equipment		STODIC	I DEDINII.	Enter From Sch	Cost edule A	LARGER		
PARTLY FURNISHED UNFURNISHED TOTALS 7. Supplies 8. Furniture and appliances 9. Other furniture and equipment		ЗТОБІС	I DEDINI.	Enter From Sch	Cost edule A edule B	FULL VALUE		
PARTLY FURNISHED UNFURNISHED TOTALS 7. Supplies 8. Furniture and appliances 9. Other furniture and equipment		ЗТОБІС	I DEDINII.	Enter From Sch	Cost edule A edule B			
PARTLY FURNISHED UNFURNISHED TOTALS 7. Supplies 8. Furniture and appliances 9. Other furniture and equipment			I DEDINII.	Enter From Sch	Cost edule A edule B	FULL VALUE DNAL PROPERTY		
PARTLY FURNISHED UNFURNISHED TOTALS 7. Supplies 8. Furniture and appliances 9. Other furniture and equipment			I DEDINI.	Enter From Sch	Cost edule A edule B TOTAL PERSO FIXTUR	FULL VALUE DNAL PROPERTY		

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 APPLIANCES (include items in storage; do not include built-ins)			SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, laul pool, vending, signs, fire extinguishers)				
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
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			
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, 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.

