EF-577-R07-0518-39000157-1 BOE-577 (P1) REV. 07 (05-18)

## **AIRCRAFT PROPERTY STATEMENT**

Declaration of costs and other related property information as of 12:01 a.m., January 1, 20\_



# Steve J. Bestolarides **Assessor-Recorder-County Clerk**

San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Telephone (209) 468-2658 www.sjgov.org/assessor\_recorder

FILE RETURN BY:		_								
PLEASE NOTE: This form Assessor's office, regardle Aircraft Exemption Claim.	ess of the st	atus of a	ny Historic	al						
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)						FOR ASSESSOR'S USE ONLY				
SECTION I: MUST BE COMPI	ETED ANNU	ALLY			ل				_	
1. FAA REGISTRATION NUMBER			ONE NUMBE	R AIRCR	AFT LOC	ATION (AIRPOR	T HANGAR OF	R TIF-DOWN	NUMBER)	
N										
MANUFACTURER			MODEL							YEAR BUILT
SERIAL NUMBER			PURCHA	SE DATE	PURCH	ASE PRICE		DATE MOVE	D TO THIS CO	OUNTY
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSESSED	IN ANOTHE	R CALIFORNI	T	Y, INDICATE CO	OUNTY NAME	AND ASSES	SMENT YEAR	S
FIXED BASE OPERATOR NAME			$-\mathbf{\Lambda}$	LAST MAJOR	R AI <mark>RF</mark> RA	ME OVERHAUL		COST:		
								\$		
2. AIRCRAFT CONDITION:			\/							
WHEN PURCHASED NEV			VERAGE	POOR		E HISTORY				
CURRENT NEV			VERAGE [	POOR		YES NO IF				
INTERIOR NEV			VERAGE	POOR		MENT LEASE YES \( \int NO \( II \)				
EXTERIOR NEV	V GOO	)	VERAGE	POOR		TLO	TES, SEE IIVO	TRUCTION.	S AND AT TACE	T SCHLDOLL.
3. TYPE OF USAGE:	LIGHT TO A IN III		TAL	DTED/TAY		VE00   FDA	OTIONIAL OVAIN		20244 - 20	IOWANA IOEUR
PERSONAL/PLEASURE F IF YOU CHECKED CHART	LIGHT TRAININ					NESS FRAN			JGRAMSI YES □ NO	HOW/MUSEUM
						GHTS OR PART			120NO	
4. AVIONICS SUMMA						T REPORT ORI ) AVERAGE, (P)		ARD FACTO	RY AVIONICS.	
UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY		UNIT	ACQUISITION DATE	N COST NEW	CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR					RADAR A	LTIMETER				
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODE	R				
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAGNETIC INDICATOR		Ī			
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VLF VERY LOW FREQUENCY					
NAVCOM #1					PHONE					
NAVCOM #2					RADAR					
TRANSPONDER A C					LORAN					
GLIDESLOPE					ADF AUTOMATIC	DIRECTION FINDER				
LOCALIZER					DME DISTANCE MEASURING EQUIPMENT					
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING					
AUTOPILOT NUMBER OF AXIS					BOOTS					
FLIGHT DIRECTOR					HF TRANSCEIVERS					
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER I	NON-FACTORY S				

THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGNED THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



BOE-577 (P2) REV. 07 (05-18) **SECTION I: (continued)** 

## PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

5.	ENGINE(S)	SINGLE	LEFT	RIGHT	6 ΤΩΤΔ	6. TOTAL AIRFRAME HOURS:			
	MAKE				o. IOIA	L AIRI RAME 1100			
	MODEL								
	YEAR OF MANUFACTURE				FOR HEL	IELICOPTERS - HOURS SINCE MAJOR OVERHAUL:			
	HORSEPOWER				ENGINE	MAIN ROTOR	MAIN ROTOR		
	HOURS SINCE NEW					BLADES	HEAD ASSEMBLY		
	HOURS SINCE MAJOR OVERHAUL				MAST	MAST TRANSMISSION	TAIL ROTOR DRIVESHAFT		
	TIME BETWEEN OVERHAULS (TBO)				TAIL ROTOR	TAIL ROTOR HUB	TAIL ROTOR		
	HOURS SINCE MIDLIFE				GEARBOX SERVOS	ASSEMBLY  MISCELLANEOUS	BLADES		
	DATE OF MAJOR OVERHAUL				SERVOS	WISCELLANEOUS			
	DATE OF LANDING GEAR OVERHAUL								
	GINE MAINTENANCE SERVICE .ME OF PROGRAM:	E PROGRAM:	YES NO		ENROLLMENT	DATE:			
FO	R HOMEBUILT, KIT, OR EXPER	IMENTAL AIRCRA	FT, ENTER EXAC	T DATE OF FIR	ST FLIGHT:		_		
SE	CTION II: COMPLETE IF FIRST	TIME FILING OR	IF ANY CHANGE	S WITHIN THE	LAST CALEND	AR YEAR			
_	ME AND ADDRESS OF OWNER IF I	DIFFERENT FROM							
NA	ME		ADDRE	SS			4		
CIT	·Y			STATE	ZIP CODE	COUNTY			
IF A	IRCRAFT WAS SOLD, ATTACH A C	OMPLETE COPY O	F THE SALES CONT	RACT			_		
IF S	SOLD OR DONATED: DATE OF SA	ALE	SALE F	PRICE					
NE	W OWNER NAME		\$ ADDRE	95					
	VV OVIVER IV IVIE		, de la companya de l						
CIT	Υ		1/1/	STATE	ZIP CODE	COUNTY			
_									
IF:	MOVED JUNKED PA	RTEDDESTRO	DYED ABANDO	NED					
DA	TE NEW LOCATION	(IF MOVED)				COUNTY			
EXI	PLANATION								
_									
	CRAFT NOT HABITUALLY BASED					LIANGAR TE BOMA			
AIR	RPORT/FBO WHERE NORMAL <mark>LY KE</mark>	PI				HANGAR/TIE-DOWN	NO.		
CIT	Y			STATE	ZIP CODE	COUNTY			
СН	ECK REASON AIRCRAFT IS OR WA	S IN THIS COUNTY	REPAIRS F	OR SALE	N TRANSIT TO:				
					THER:				
	ATTACH STATEMENT REG		OITIONAL INFORM YPE IS LLC, PLEA				OUR AIRCRAFT.		
0'	WNERSHIP TYPE (☑)			ECLARATION			_		
Pr	oprietorship	: The following d	eclaration must b	e completed an	d signed. If yo	u do not do so, it may r	esult in penalties.		
Pa	Partnership								
	Corporation I certify (or 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								
0	ther is true, co.		,		•	which is owned, claimed, p			
SIG	SNATURE OF ASSESSEE OR AUTHORIZE	• .	e person named a	s the assessee i		t at 12:01 a.m. on Januar <sup>D</sup> ATE	y 1, 20		
<b>&gt;</b>	,								
NA	ME OF ASSESSEE OR AUTHORIZED AGE	ENT* (typed or printed)	Т	TITLE					
NA	ME OF LEGAL ENTITY (other than DBA) (t	yped or printed)	F	FEDERAL EMPLOYER ID NUMBER					
_									
PR	EPARER'S NAME AND ADDRESS (typed o	or printed)		TELEPHONE NUM	MBER T	ITLE			
E-N	MAIL ADDRESS								

THIS STATEMENT IS SUBJECT TO AUDIT



#### **OFFICIAL REQUEST**

Pursuant to California Revenue and Taxation Code section 5362, the Assessor of the county in which an aircraft is habitually situated shall assess the aircraft at its market value. The Assessor's records indicate that you are the owner of the aircraft identified on page 1 of this form. In accordance with section 5365, you are required to complete this form according to the instructions. Pursuant to section 5367, failure to return this form by the specified due date will require the Assessor to add a 10% penalty to the market value of your aircraft.

This statement is not a public document. In accordance with Revenue and Taxation Code section 451, the information contained herein will be held secret by the Assessor. It can only be disclosed to the district attorney, grand jury, and other agencies specified in section 408. Attached schedules are considered to be part of the statement.

#### GENERAL INSTRUCTIONS

ALL INFORMATION PROVIDED SHOULD BE AS OF JANUARY 1.

#### SECTION I.

This section must be completed annually. Specific information is required to correctly determine the value of the aircraft

STATEMENT OF CONDITION: Using the information below, check the box that reflects the condition of your aircraft as of January 1:

**New:** An aircraft that is new or is maintained in new condition.

**Good:** Paint and airframe are in near new condition. Minor scratches. Windows clear with no crazing or discoloration. Interior is in near new condition. Simple cleaning removes any smell, dirt or matting.

Average: Paint is generally sound and attractive. Slight oxidation can be easily polished out leaving paint shiny. Small scratches, chips or dents can be found especially in high use areas. Windows have milky edges, some crazing or light scratches. The interior use shows minor fraying, stains, or cracking. Cleaning and shampooing will make the interior look attractive. Aircraft certificate is current, 6 months annual, ½ TBO (Time Between Overhauls), ADs (Air Worthiness Directives) complied.

**Poor:** Paint is badly oxidized, peeled and blemished. Most leading edges and upper surfaces are chipped, crazed, dented, and oxidized. All windows crazed and scratched. After touch-up and polishing, aircraft still looks unsightly. Needs new paint. Interior shows high use, scratches, tear, snags, frayed fabric, exposed foam, peeling laminates, and loose panels. Interior looks and smells dirty after cleaning and needs replacement. Aircraft has not flown, is out of annual, engine is run out and will not pass inspection, ADs not complied.

**AVIONICS SUMMARY:** Indicate the date of acquisition and the condition of existing avionics equipment. List any additional avionics and their cost under "Non-factory avionics added in last calendar year." For condition, please enter *N* for new, *A* for average, and *P* for poor.

DAMAGE HISTORY: To report damage history, attach a statement indicating the type of damage, date of damage, copy of report made to FAA, and maintenance log and repairs made.

### **EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED:**

Leased: If you lease equipment in connection with this aircraft's operation, attach a schedule listing the name and address of the owner, description of the leased property, cost if purchased, and annual rent.

Exchanged: Attach a schedule listing any exchange of equipment since purchase.

Additions or Retirements: From date of acquisition of aircraft to last day in December of last year if you have added or retired equipment, attach a schedule listing the description of the equipment, date added or retired, and the cost of equipment added or retired.

FRACTIONAL OWNERSHIP: If the aircraft is enrolled in a Fractional Ownership Program, forms BOE-570-FO (-1, -2) must be filed.

#### **SECTION II.**

This section must be completed if filing for the first time or if there have been any changes within the last calendar year.

ADDITIONAL INFORMATION: Attach a statement regarding any additional information you feel would assist the Assessor in valuing your aircraft.

## 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 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.

### **EXEMPTIONS**

**Armed Forces Members.** If you are not a resident of the State of California, but are in this state solely by the reason of compliance with military orders, you may declare tax situs elsewhere by filing Form BOE-261-D, *Servicemembers Civil Relief Act Declaration*. Obtain the declaration form from the Assessor or from your unit Legal Officer.

**Aircraft of Historical Significance.** If you are an individual owner who does not hold the aircraft primarily for purposes of sale, does not use the aircraft for commercial purposes or general transportation, the aircraft is 35 years or older and is displayed to the public at least 12 days per year, obtain Form BOE-260-B from the Assessor. The exemption claim must be filed on or before February 15 for a full exemption and by August 1 for a partial exemption.



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