EF-577-R07-0518-41000155-1 BOE-577 (P1) REV. 07 (05-18)

FILE RETURN BY:

### AIRCRAFT PROPERTY STATEMENT

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



# Assessor - County Clerk - Recorder

555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500

Fax: (650) 363-1903 email: assessor@smcacre.gov

web: www.smcacre.gov

MARK CHURCH

PLEASE NOTE: This form must be filed timely with the Assessor's office, regardless of the status of any Historical Aircraft Exemption Claim. Penalties will apply if not filed.

NAME AND MAILING ADDRESS FOR ASSESSOR'S USE ONLY (Make necessary corrections to the printed name and mailing address) SECTION I: MUST BE COMPLETED ANNUALLY 1. FAA REGISTRATION NUMBER DAYTIME PHONE NUMBER AIRCRAFT LOCATION (AIRPORT, HANGAR OR TIE-DOWN NUMBER) Ν **MANUFACTURER** MODEL YEAR BUILT SERIAL NUMBER PURCHASE DATE PURCHASE PRICE DATE MOVED TO THIS COUNTY FOR AIRCRAFT PREVIOUSLY REGISTERED OR ASSESSED IN ANOTHER CALIFORNIA COUNTY, INDICATE COUNTY NAME AND ASSESSMENT YEARS FIXED BASE OPERATOR NAME LAST MAJOR AIRFRAME OVERHAUL DATE: COST: \$ 2. AIRCRAFT CONDITION: WHEN PURCHASED NFW GOOD POOR DAMAGE HISTORY **AVERAGE CURRENT** NEW POOR YES NO IF YES, SEE INSTRUCTIONS AND ATTACH STATEMENT. GOOD **AVERAGE** EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED INTERIOR NEW **POOR** GOOD **AVERAGE** YES NO IF YES, SEE INSTRUCTIONS AND ATTACH SCHEDULE. **EXTERIOR** NEW GOOD **AVERAGE POOR** 3. TYPE OF USAGE: PERSONAL/PLEASURE FLIGHT TRAINING RENTAL CHARTER/TAXI BUSINESS FRACTIONAL OWNERSHIP PROGRAM SHOW/MUSEUM IF YOU CHECKED CHARTER/TAXI, DO YOU USE THE AIRCRAFT IN COMMON CARRIAGE MORE THAN 50% OF THE TIME? NOTE: COMMON CARRIAGE DOES NOT INCLUDE FERRY FLIGHTS OR PART 91 OWNER FLIGHTS AVIONICS SUMMARY: REPORT ONLY ADDED OR REPLACED AVIONICS. DO NOT REPORT ORIGINAL STANDARD FACTORY AVIONICS. 4. FOR CONDITION, PLEASE ENTER (N) NEW, (A) AVERAGE, (P) POOR ASSESSOR USE ONLY ASSESSOR USE ONLY **ACQUISITION** COST ACQUISITION COST UNIT CONDITION UNIT CONDITION DATE NEW DATE NFW RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR RADAR ALTIMETER ENCODER EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM RMI RADIO MAGNETIC INDICATOR VLF VERY LOW FREQUENCY TCAS
TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM NAVCOM #1 PHONE NAVCOM #2 RADAR **TRANSPONDER** LORAN С GLIDESLOPE ADF AUTOMATIC DIRECTION FINDER LOCALIZER DME DISTANCE MEASURING EQUIPMENT COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATO AIR CONDITIONING **AUTOPILOT BOOTS** NUMBER OF AXIS FLIGHT DIRECTOR HF TRANSCEIVERS HIGH FREQUENCY OTHER NON-FACTORY GPS IFR SITIONING SYSTEM, INSTRUMENT **AVIONICS** FLIGHT RULES THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGNED

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. TOTAL AIRFRAME HOURS:			
	MAKE				6. IOIAL	AIRFRAIME HOU	K3	
	MODEL							
	YEAR OF MANUFACTURE				EOD HELL	FOR HELICOPTERS - HOURS SINCE MAJOR OVERHAUL:		
	HORSEPOWER				ENGINE	MAIN ROTOR	MAIN ROTOR	
	HOURS SINCE NEW				LIVOINE	BLADES	HEAD ASSEMBLY	
	HOURS SINCE MAJOR OVERHAUL				MAST	MAST TRANSMISSION	TAIL ROTOR DRIVESHAFT	
	HOURS SINCE MIDLIFE				TAIL ROTOR GEARBOX	TAIL ROTOR HUB ASSEMBLY	TAIL ROTOR BLADES	
	DATE OF MAJOR OVERHAUL				SERVOS	MISCELLANEOUS	BLADES	
	DATE OF MAJOR OVERHAUL				SERVOS	MIGGELEANEOGO		
	GINE MAINTENANCE SERVICE ME OF PROGRAM:	= PROGRAM:	YES NO		ENROLLMENT I	DATE:		
FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT:								
SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER								
NA NA		DIFFERENT FROM	AA REGISTERED					
14/ (	IVIL		ABBIN					
CIT	Y			STATE	ZIP CODE	COUNTY		
_								
IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT								
IF S	SOLD OR DONATED: DATE OF SA	ALE		PRICE				
NF	W OWNER NAME	_	\$ ADDR	RESS				
	W OWNER TO TIME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
CIT	Υ			STATE	ZIP CODE	COUNTY		
IF: MOVED JUNKED PARTED DESTROYED ABANDONED								
DATE NEW LOCATION (IF MOVED)								
<u></u>	DI ANIATIONI							
ΕXI	PLANATION							
AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY								
AIRPORT/FBO WHERE NORMALLY KEPT						HANGAR/TIE-DOWN	NO.	
CIT	Y			STATE	ZIP CODE	COUNTY		
CH	ECK REASON AIRCRAFT IS OR WA	S IN THIS COUNTY	DEDAIDS	EOR SALE	N TRANSIT TO:			
CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:								
OTHER:								
ATTACH STATEMENT REGARDING ANY A <mark>DDITIONAL I</mark> NFO <mark>RM</mark> ATION <mark>YOU FE</mark> EL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.								
O'	/NERSHIP TYPE (☑) DECLARATION BY ASSESSEE							
Pr	oprietorship Note	: The following d	eclaration must	be completed an	d signed. If you	do not do so, it may r	esult in penalties.	
	Partnership Corporation Corpor							
Other is true, correct, and complete and includes all property required to be reported which is owned,								
or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  DATE								
O.O. W. O. C. P.					D.	DATE		
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)					TI	TITLE		
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)					FE	FEDERAL EMPLOYER ID NUMBER		
PR	EPARER'S NAME AND ADDRESS (typed o	or printed)		TELEPHONE NUM	MBER TI	ΓLE	_	
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.



EF-577-R07-0518-41000155