EF-577-R06-0516-53000463-1 BOE-577 (P1) REV. 06 (05-16)

FILE RETURN BY:

## AIRCRAFT PROPERTY STATEMENT

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



Shanna White County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

| PLEASE NO    | TE: This   | form mus   | t be file | d timely   | with    | the |
|--------------|------------|------------|-----------|------------|---------|-----|
| Assessor's   | office,    | regardless | of the    | status     | of a    | any |
| Historical A | ircraft Ex | cemption C | laim. Pe  | enalties v | will ap | ply |

if not filed. NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address) FOR ASSESSOR'S USE ONLY SECTION I: MUST BE COMPLETED ANNUALLY DAYTIME PHONE NUMBER AIRCRAFT LOCATION (AIRPORT, HANGAR OR TIE-DOWN NUMBER) **FAA REGISTRATION NUMBER** MANUFACTURER MODEL YEAR BUILT SERIAL NUMBER DATE MOVED TO THIS COUNTY PURCHASE DATE PURCHASE PRICE 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 \$ **AIRCRAFT CONDITION:** DAMAGE HISTORY NEW GOOD **AVERAGE** POOR WHEN PURCHASED YES NO IF YES, SEE INSTRUCTIONS AND ATTACH STATEMENT. NEW GOOD **AVERAGE POOR CURRENT** EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED NEW POOR **AVERAGE INTERIOR** GOOD NEW GOOD **AVERAGE** YES NO IF YES, SEE INSTRUCTIONS AND ATTACH SCHEDULE. POOR **EXTERIOR** TYPE OF USAGE: ] PERSONAL/PLEASURE 🔃 FLI<mark>G</mark>HT TRAININ<mark>G 💹 R</mark>ENTAL 🔛 C<mark>HA</mark>RTER/TAXI 🖊 B<mark>USINES</mark>S 🚺 FRACTIONAL <mark>O</mark>WNERSHIP PROGRAM 🗌 SHOW/MUSEUM IF YOU CHECKED CHARTER/TAXI, DO YOU USE THE AIRCRAFT IN COMMON CARRIAGE MORE THAN 50% OF THE TIME? YES NO 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. FOR CONDITION, PLEASE ENTER (N) NEW, (A) AVERAGE, (P) POOR. ACQUISITION COST ASSESSOR USE ONLY ACQUISITION COST ASSESSOR UNIT CONDITION UNIT USE ONLY NEW DATE NEW DATE RADAR ALTIMETER REDUCED VERTICAL SEPARATION MINIMUM MONITOR ENCODER TAWS TERRAIN AWARENESS WARNING SYSTEM EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM TCAS
TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM VLF VERY LOW FREQUENCY NAVCOM #1 PHONE NAVCOM #2 **RADAR** LORAN TRANSPONDER A\_\_\_\_ C\_ GLIDESLOPE ADF AUTOMATIC DIRECTION FINDER LOCALIZER DISTANCE MEASURING EQUIPMENT COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATO AIR CONDITIONING AUTOPII OT **BOOTS** NUMBER OF AXES FLIGHT DIRECTOR HF TRANSCEIVERS HIGH FREQUENCY OTHER NON-FACTORY **AVIONICS** 

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



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BOE-577 (P2) REV. 06 (05-16)) SECTION 1: (continued)

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

| IF SOLD OR DONATED: DATE OF SALE SALE PRICE \$ NEW OWNER NAME  CITY  STATE ZIP CODE COUNTY  IF:MOVEDJUNKEDPARTEDDESTROYEDABANDONED  DATENEW LOCATION (IF MOVED)COUNTY  | AIRFRAME HOURS:  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| MODEL  VEAR OF MANUFACTURE  HORSEPOWER  HOURS SINCE NEW  HOURS SINCE MAJOR OVERHAUL  TIME BETWEEN OVERHAULS (TBO)  HOURS SINCE MIDLIFE  DATE OF MAJOR OVERHAUL  ENGINE MAINTENANCE SERVICE PROGRAM: YES NO  NAME OF PROGRAM:  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  CITY  STATE ZIP CODE  COUNTY  IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED:  DATE OF SALE  SALE PRICE  \$  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  FIRST MOVED  JUNKED  PARTED  DESTROYED  ABANDONED  COUNTY  COUNTY  STATE ZIP CODE  COUNTY  COUNTY  FIRST MOVED  JUNKED  PARTED  DESTROYED  ABANDONED  COUNTY  | ENGINE(S)  | SINGLE  | LEFT   | RIGHT  | FOR HELI   | COPTERS - HOURS SINC   | E MAJOR OVERHAUL:  |
| VEAR OF MANUFACTURE  HORSEPOWER  HOURS SINCE NEW  HOURS SINCE MAJOR OVERHAUL  TIME BETWEEN OVERHAULS (TBO)  HOURS SINCE MAJOR OVERHAUL  TIME BETWEEN OVERHAULS (TBO)  HOURS SINCE MAJOR OVERHAUL  ENGINE MAJOR OVERHAUL  TAIL ROTOR O |  |   |  |  | ENGINE   |  |  |
| HORSEPOWER HOURS SINCE NEW HOURS SINCE MAJOR OVERHAUL TIME BETWEEN OVERHAULS (TBO) HOURS SINCE MIDIFIE DATE OF MAJOR OVERHAUL DATE OF LANDING GEAR OVERHAUL ENCINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: 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 NAME  CITY  STATE ZIP CODE COUNTY  IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT IF SOLD OR DONATED: DATE OF SALE SALE PRICE \$ NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED) COUNTY   |  |   |  |  | MAST   |  |  |
| HOURS SINCE MAJOR OVERHAUL  TIME BETWEEN OVERHAULS (TBO)  HOURS SINCE MAJOR OVERHAUL  DATE OF MAJOR OVERHAUL  ENGINE MAINTENANCE SERVICE PROGRAM:YESNO  NAME OF PROGRAM:   |  |   |  |  | TAIL ROTOR   |  |  |
| HOURS SINCE MAJOR OVERHAUL  TIME BETWEEN OVERHAULS (TBO)  HOURS SINCE MIDLIFE  DATE OF MAJOR OVERHAUL  DATE OF MAJOR OVERHAUL  DATE OF LANDING GEAR OVERHAUL  DATE OF LANDING GEAR OVERHAUL  ENGINE MAINTENANCE SERVICE PROGRAM: YES NO  NAME OF PROGRAM: ENROLLMENT 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  NAME  ADDRESS  CITY  STATE ZIP CODE COUNTY  IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE OF SALE  SALE PRICE  S  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  COUNTY  | HOURS SINCE NEW  |   |  |  |  |  | BLADES   |
| HOURS SINCE MIDLIFE  DATE OF MAJOR OVERHAUL  DATE OF LANDING GEAR OVERHAUL  ENGINE MAINTENANCE SERVICE PROGRAM: YES NO  NAME OF PROGRAM: ENROLLMENT 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  NAME  ADDRESS  CITY  STATE ZIP CODE COUNTY  IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE OF SALE  SALE PRICE S  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  COUNTY  | HOURS SINCE MAJOR OVERHAUL   |   |  |  | SERVOS   | MISCELLANEOUS  |  |
| DATE OF MAJOR OVERHAUL  DATE OF LANDING GEAR OVERHAUL  ENGINE MAINTENANCE SERVICE PROGRAM:YES NO  NAME OF PROGRAM:   | TIME BETWEEN OVERHAULS (TBO)   |   |  |  |  |  | <u>'</u>   |
| DATE OF LANDING GEAR OVERHAUL  ENGINE MAINTENANCE SERVICE PROGRAM:YES NO  NAME OF PROGRAM: ENROLLMENT 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 DIFFERNT FROM FAA REGISTERED OWNER  NAME  CITY  | HOURS SINCE MIDLIFE  |   |  |  |  |  |  |
| ENGINE MAINTENANCE SERVICE PROGRAM: YES NO  NAME OF PROGRAM: ENROLLMENT 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  NAME  CITY  STATE ZIP CODE COUNTY  IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE OF SALE  SALE PRICE S NEW OWNER NAME  CITY  STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  COUNTY  COUNTY   | DATE OF MAJOR OVERHAUL   |   |  |  |  |  |  |
| NAME OF PROGRAM: 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  NAME  ADDRESS  CITY STATE ZIP CODE COUNTY  IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE OF SALE  NEW OWNER NAME  ADDRESS  CITY STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  COUNTY   | DATE OF LANDING GEAR OVERHAUL  |   |  |  |  |  |  |
| NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER  NAME ADDRESS  CITY STATE ZIP CODE COUNTY  IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE OF SALE SALE PRICE \$  NEW OWNER NAME ADDRESS  CITY STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  COUNTY  | NAME OF PROGRAM:   |   |  | XACT DATE OF F   |  | T DATE:  | _  |
| NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE OF SALE  SALE PRICE  S  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  COUNTY  | SECTION II: COMPLETE IF FIR  | ST TIME FILING O  | R IF ANY CHAN  | NGES WITHIN THE  | IE LAST CALEN  | DAR YEAR   |  |
| IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE OF SALE  SALE PRICE  S NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  COUNTY   |  |   |  |  |  |  |  |
| IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE OF SALE  SALE PRICE  \$ NEW OWNER NAME  CITY  STATE ZIP CODE  COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  COUNTY   |  |   |  | lot  | ATE   710 0005   |  |  |
| IF SOLD OR DONATED: DATE OF SALE SALE PRICE \$ NEW OWNER NAME  CITY  STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  COUNTY  | CITY   |   |  | 51   | ATE ZIP CODE   | COUNTY   | _  |
| NEW OWNER NAME  CITY  STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  COUNTY   | F AIRCRAFT WAS SOLD, ATTACH  | A COMPLETE COPY   | OF THE SALES   | CONTRACT   |  |  |  |
| NEW OWNER NAME  CITY  STATE ZIP CODE  COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  COUNTY  | IF SOLD OR DONATED: DATE OF  | SALE  |  | ALE PRICE  |  |  | •  |
| CITY  STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  COUNTY   | NEW OWNER NAME   |   |  | DRESS  |  |  |  |
| IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  COUNTY  |  |   |  |  |  |  |  |
| DATE NEW LOCATION (IF MOVED)   | CITY   |   |  | ST   | ATE ZIP CODE   | COUNTY   |  |
| DATE NEW LOCATION (IF MOVED)   | IF: MOVED JUNKED   | PARTED DEST   | ROYED ABA  | NDONED   |  |  |  |
|  |  |   |  |  |  | COUNTY   |  |
| EVELANATION  | EVDI ANATIONI  |   |  |  |  |  |  |
| EXPLANATION  | EXPLANATION  |   |  |  |  |  |  |
| AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY   |  |   |  |  | V  |  |  |
| AIRPORT/FBO WHERE NORMALLY KEPT HANGAR/TIE-DOWN NO.  | AIRPORT/FBO WHERE NORMALLY   | KEPT  |  | _  |  | HANGAR/TIE-DOV   | VN NO.   |
| CITY STATE ZIP CODE COUNTY   | CITY   |   |  | ST   | ATE ZIP CODE   | COUNTY   |  |
|  |  |   | 252420   |  |  |  |  |
| CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:  | CHECK REASON AIRCRAFT IS OR  | WAS IN THIS COUNT   | Y: REPAIRS   | FOR SALE   |  |  |  |
| ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.   | ATTACH STATEMENT DI  | ECAPDING ANY A  | DDITIONAL INFO   |  |  | SSIST LIS IN VALUING   | VOLID AIDCDAFT   |
| IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.   | ATTAOTTOTATEMENT RE  |   |  |  |  |  | TOOKAIKOIVAI 1.  |
| OWNERSHIP TYPE (IV) Proprietorship Partnership Corporation Other  DECLARATION BY ASSESSE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties to report the laws of the State of California that I have examined this properties at the statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and be is true, correct, and complete and includes all property required to be reported which is owned, claimed, possess on this statement at 12:01 a.m. on January 1, 20  | Proprietorship Partnership Corporation  Proprietorship I certify statem is true, | y (or declare) unde<br>ent, including accor<br>, correct, and com | er penalty of per<br>onpanying schedu<br>oplete and includ | st be completed<br>jury under the law<br>ules, statements of<br>des all property | and signed. If your softhe State of the State of other attachment required to be | ou do not do so, it may<br>of California that I have<br>nts, and to the best of my<br>reported which is owne | examined this property<br>y knowledge and belief it<br>ed, claimed, possessed, |
| SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  DATE   |  |   | and person name  |  | .c uno statorner   |  | , ., <u>.</u> .  |
|  | <b>&gt;</b>  |   |  |  |  |  |  |
| NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  | NAME OF ASSESSEE OR AUTHORIZED   | AGENT* (typed or printed  | )  |  |  | TITLE  |  |
| NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER   | NAME OF LEGAL ENTITY (other than DBA   | (typed or printed)  |  |  |  | FEDERAL EMPLOYER ID NUM  | MBER   |
| PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE  | PREPARER'S NAME AND ADDRESS (type  | ed or printed)  |  | TELEPHONE /  | NUMBER   | TITLE  |  |
| E-MAIL ADDRESS   | E-MAIL ADDRESS   |   |  | ( )  |  |  |  |

\*AGENT: SEE INSTRUCTIONS FOR DECLARATION BY ASSESSEE. 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, 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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