# AIRCRAFT PROPERTY STATEMENT

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



FILE RETURN BY:

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

| NAME AND MAILING<br>(Make necessary corre                        |                     | inted name a | and mailing ag | ldress)              |                     |                                 | FOR A        | SSESSOR'S   | SUSE ONLY    |                      |
|--|---------------------|--------------|----------------|----------------------|---------------------|---------------------------------|--------------|-------------|--------------|----------------------|
| Γ  |                     |              |                |                      | ٦                   |                                 |              |             |              |                      |
|  |                     |              |                |                      |                     |                                 |              |             |              |                      |
|  |                     |              |                |                      |                     |                                 |              |             |              |                      |
|  |                     |              |                |                      |                     |                                 |              |             |              |                      |
| L  |                     |              |                |                      |                     |                                 |              |             | _            |                      |
| SECTION I: MUST BE COMP  | LETED ANNU          | ALLY         |                |                      |                     |                                 |              |             | Λ            |                      |
| 1. FAA REGISTRATION NUMBER ${\sf N}$                             | l l                 |              | IONE NUMBE     | R AIRCR              | AFT LOCA            | TION (AIRPORT,                  | HANGAR OF    | TIE-DOWN    | NUMBER)      |                      |
| MANUFACTURER   |                     |              | MODEL          |                      |                     |                                 |              |             | ľ            | YEAR BUILT           |
| SERIAL NUMBER  |                     |              | PURCHA         | SE DATE              | PURCH               | ASE PRICE                       |              | DATE MOVE   | D TO THIS CO | DUNTY                |
|  |                     |              |                |                      | \$                  |                                 |              |             |              |                      |
| FOR AIRCRAFT PREVIOUSLY RE                                       | GISTERED OR         | ASSESSED     | IN ANOTHE      | R CALIFORNI          | A COUNT             | Y, INDICATE COU                 | JNTY NAME A  | ND ASSESS   | SMENT YEAR   | S                    |
| FIXED BASE OPERATOR NAME   |                     |              |                | LAST MAJO            |                     | ME OVERHAUL D                   | DATE:        | COST:       |              |                      |
|  |                     |              |                |                      |                     |                                 |              | 5           |              |                      |
| 2. AIRCRAFT CONDITION:   |                     |              |                |                      |                     |                                 |              |             |              |                      |
| WHEN PURCHASED   | W GOOI              | A 🗌 C        | /ERAGE         | POOR                 | DAMAG               | E HISTORY                       |              |             |              |                      |
|  |                     | A 🗌 C        | /ERAGE         | POOR                 |                     | YES NO IF                       |              |             |              |                      |
| INTERIOR NEV   | N _ GOO             | A 🗌 C        | /ERAGE         | POOR                 |                     |                                 |              |             |              |                      |
| EXTERIOR NEV   | N _ GOO             | A 🗌 C        | /ERAGE         | POOR                 |                     | YES NO IF                       | YES, SEE INS | TRUCTIONS   | S AND ATTACH | H SCHEDULE.          |
| 3. TYPE OF USAGE:  |                     |              | _              |                      |                     |                                 |              |             | _            |                      |
|  | LIGHT TRAININ       |              |                | RTER/TAX             | _                   |                                 |              |             |              | HOW/MUSEUN           |
| IF YOU CHECKED CHAR  |                     |              |                |                      |                     | GHTS OR PART                    |              |             | YES NO       |                      |
| 4. AVIONICS SUMMA  |                     |              |                |                      |                     | T REPORT ORIG<br>AVERAGE, (P) P |              | RD FACTO    | RY AVIONICS. |                      |
| UNIT   | ACQUISITION<br>DATE | COST<br>NEW  |                | ASSESSOR<br>USE ONLY |                     | UNIT                            |              | COST<br>NEW | CONDITION    | ASSESSOR<br>USE ONLY |
| RVSM<br>REDUCED VERTICAL SEPARATION MINIMUM                      |                     |              |                |                      | RADAR A             | LTIMETER                        |              |             |              |                      |
| MONITOR  |                     |              |                |                      | ENCODE              | 2                               |              |             |              |                      |
| TERRAIN AWARENESS WARNING SYSTEM                                 |                     |              |                |                      |                     |                                 | -            |             |              |                      |
| EFIS<br>ELECTRONIC FLIGHT INSTRUMENT SYSTEM                      |                     |              |                |                      | RMI<br>RADIO MAGNI  | TIC INDICATOR                   |              |             |              |                      |
| TCAS<br>TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM                 |                     |              |                |                      | VLF<br>VERY LOW FR  | EQUENCY                         |              |             |              |                      |
| NAVCOM #1  |                     |              |                |                      | PHONE               |                                 |              |             |              |                      |
| NAVCOM #2  |                     |              |                |                      | RADAR               |                                 |              |             |              |                      |
| TRANSPONDER<br>AC  |                     |              |                |                      | LORAN               |                                 |              |             |              |                      |
| GLIDESLOPE   |                     |              |                |                      | ADF<br>AUTOMATIC D  | IRECTION FINDER                 |              |             |              |                      |
| LOCALIZER  |                     |              |                |                      | DME<br>DISTANCE ME  | ASURING EQUIPMENT               |              |             |              |                      |
| COMPASS SYSTEM/HSI<br>HORIZONTAL SITUATION INDICATOR             |                     |              |                |                      | AIR CON             | DITIONING                       |              |             |              |                      |
| AUTOPILOT<br>NUMBER OF AXIS                                      |                     |              |                |                      | BOOTS               |                                 |              |             |              |                      |
| FLIGHT DIRECTOR  |                     |              |                |                      | HF TRAN             |                                 |              |             |              |                      |
| GPS IFR<br>GLOBAL POSITIONING SYSTEM, INSTRUMENT<br>FLIGHT RULES |                     |              |                |                      | OTHER N<br>AVIONICS | ON-FACTORY                      |              |             |              |                      |

THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGNED THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION EF-577-R07-0518-56000257-2

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

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

| 5       ENCINE(S)       SINGLE       LEFT       RIGHT         MAKE       MAKE       FOR HELICOPTERS - HOURS SINCE MUREY       FOR HELICOPTERS - HOURS SINCE MUREY         HORDS SINCE MURACTURE       Image and the since murey       Image and the since murey       FOR HELICOPTERS - HOURS SINCE MUREY         HOURS SINCE MURACTURE       Image and the since murey       Image and the since murey       Image and the since murey         HOURS SINCE MUREY       Image and the since murey       Image and the since murey       Image and the since murey         Image and the since murey       Image and the since murey       Image and the since murey       Image and the since murey         Image and the since murey       Image and the since murey       Image and the since murey       Image and the since murey       Image and the since murey         Image and the since murey       Image and the since murey       Image and the since murey       Image and the since murey       Image and the since murey         Section II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR       Image and the since murey   |                             |  |  |  |
|---|-----------------------------|--|--|--|
| V2AR OF MANUFACTURE   | ס                           |  |  |  |
| HORSEPOWER       FOR HELICOPTERS - HOURS SINCE M         HOURS SINCE MEW       Image: Since Mail Control of the Since Mail Co   |                             |  |  |  |
| HOBSEPOWER       HOURS SINCE NEW       HEISINE       HURN NOTOR         HOURS SINCE NAURO OVERHAUL       HURN SINCE MAURO OVERHAULS (TBO)       HURN SINCE MAURO OVERHAULS (TBO)       HURN SINCE MAURO OVERHAULS (TBO)         HOURS SINCE MAURO OVERHAUL       HURN SINCE MAURO OVERHAULS (TBO)       HURN SINCE MAURO OVERHAUL       HURN SINCE MAURO OVERHAUL         DATE OF MARKO OVERHAUL       HURN SINCE MAURO OVERHAUL       HURN SINCE MAURO OVERHAUL       HURN SINCE MAURO OVERHAUL         DATE OF MARKO OVERHAUL       HURN SINCE MAURO OVERHAUL       HURN SINCE MAURO OVERHAUL       HURN SINCE MAURO OVERHAUL         DATE OF MARKO OVERHAUL       HURN SINCE MAURO OVERHAUL       HURN SINCE MAURO OVERHAUL       HURN SINCE MAURO OVERHAUL         DATE OF MARKO OVERHAUL       HURN SINCE MAURO OVERHAUL       HURN SINCE MAURO OVERHAUL       HURN SINCE MAURO OVERHAUL         SIGE MAINTERNANCE SERVICE PROGRAM:       YES       NO       HURN SINCE MAURO PROFILE         SITY       STATE ZIP CODE       COUNTY       STATE ZIP CODE       COUNTY         SITY       STATE ZIP CODE       COUNTY       HANGRAFTE DOWN NC         SITY       STATE ZIP CODE       COUNTY       COUNTY       HANGRAFTE DOWN NC         SITY       STATE ZIP CODE       COUNTY       COUNTY       HANGRAFTE DOWN NC       HURN SINCE NUN NC       HURN SIN THIS COUNTY       HURN SINCE NUN NC </td <td></td>  |                             |  |  |  |
| HOURS SINCE NEW       BLACES         HOURS SINCE MAJOR OVERHAUL       IIII ROTOR         HOURS SINCE MAJOR OVERHAUL       IIII ROTOR         DATE OF MAJOR OVERHAUL       IIIII ROTOR         DATE OF MAJOR OVERHAUL       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   |                             |  |  |  |
| TRANSMISSION       TRANSMISSION         TRANSMISSION       TRANSMISSION         HOURS SINCE MOLIFE       International Control of the Co  | MAIN ROTOR<br>HEAD ASSEMBLY |  |  |  |
| TIME BETWEEN OVERHAUL       TAL ROTOR HUB         HOURS SINCE MIDLIFE       Image of MADRO VERHAUL       Image of MADRO VERHAUL         DATE OF LANDING GEAR OVERHAUL       Image of MADRO VERHAUL       Image of MADRO VERHAUL         DATE OF LANDING GEAR OVERHAUL       Image of MADRO VERHAUL       Image of MADRO VERHAUL         DATE OF LANDING GEAR OVERHAUL       Image of MADRO VERHAUL       Image of MADRO VERHAUL         INGINE MAINTENANCE SERVICE PROGRAM:       YES       NO         IAME OF PROGRAM:       OR EXPOSE       ENROLLMENT DATE:         OR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT:       Image of MADRO VERMAUK         STATE ZIP CODE       COUNTY         STATE ZIP CODE       COUNTY         AMME       Image of MADRO VERMAUK         STATE ZIP CODE       COUNTY         * ALRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT         * SOLD OR DONATED:       DATE OF SALE         SALE OR OWNER NAME       STATE ZIP CODE         AURCRAFT NOT HABITUALLY BASED IN THIS COUNTY         IRPORTIFIED WHERE NORMALLY KEPT       HANGAR/TIE-DOWN NC         ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION VOL TEEL WOULD ASSIST US IN VALUING YOU         IFEC WOURESHIP TYPE (C)       Note: The following declaration must be completed and signed. If you do not do so, it may resplanership  | TAIL ROTOR                  |  |  |  |
| HOURS SINCE MIDLIFE       TALLBOTOR       TALLBOTOR       TALLBOTOR       TALLBOTOR         DATE OF MAJOR OVERHAUL       SERVOS       MISCELLANEOUS         DATE OF LANDING GEAR OVERHAUL       SERVOS       MISCELLANEOUS         DATE OF LANDING GEAR OVERHAUL       SERVOS       MISCELLANEOUS         COR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLUEHT:       SERVOS         COR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLUEHT:       SECTION II: COUPLETE IF FROST TIME FLUIGO OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR         TAME AND ADDRESS       SITY       STATE ZIP CODE       COUNTY         CARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT       STATE ZIP CODE       COUNTY         CARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT       STATE ZIP CODE       COUNTY         CARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT       STATE ZIP CODE       COUNTY         CARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT       STATE ZIP CODE       COUNTY         CARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT       STATE ZIP CODE       COUNTY         CARCRAFT WAS SOLD, ATTACH A COMPLETE OF SALE       SALE PRICE       SALE PRICE       SALE PRICE         SITY       STATE ZIP CODE       COUNTY       STATE ZIP CODE       COUNTY   | DRIVESHAFT                  |  |  |  |
| DATE OF MAJOR OVERHAUL  | TAIL ROTOR<br>BLADES        |  |  |  |
| DATE OF LANDING GEAR OVERHAUL   |                             |  |  |  |
| INGINE MAINTENANCE SERVICE PROGRAM:YESNO<br>IAME OF PROGRAM:  |                             |  |  |  |
| IAME       IADRESS         SITY       STATE ZIP CODE       COUNTY         ARCRAFT WAS SOLD, ATTACH & COMPLETE COPY OF THE SALES CONTRACT       SALE PRICE       SALE PRICE         SOLD OR DONATED:       DATE OF SALE       SALE PRICE       SALE PRICE         SOLD OR DONATED:       DATE OF SALE       SALE PRICE       SALE PRICE         SITY       STATE       ZIP CODE       COUNTY         STATE       NEW LOCATION (IF MOVED)       COUNTY       COUNTY         SYLENATION       INCRAFT NOT HABITUALLY BASED IN THIS COUNTY       IADRESS       COUNTY         IRCRAFT NOT HABITUALLY BASED IN THIS COUNTY       STATE ZIP CODE       COUNTY         INTY       STATE ZIP CODE       COUNTY         INTY       STATE ZIP CODE       COUNTY         XPLANATION       IRCRAFT NOT HABITUALLY BASED IN THIS COUNTY       INTRANSIT TO:       INTRANSIT TO:         INTY       STATE ZIP CODE       COUNTY       IHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       REPAIRS       FOR SALE       IN TRANSIT TO:         INTY       STATE ZIP CODE       COUNTY       IHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       REPAIRS       FOR SALE       IN TRANSIT TO:         INTY       STATE ZIP CODE       COUNTY       IHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       REPAI  |                             |  |  |  |
| F SOLD OR DONATED:       DATE OF SALE       SALE PRICE         JEW OWNER NAME       ADDRESS         DITY       STATE       ZIP CODE       COUNTY         F:       MOVED       JUNKED       PARTED       DESTROYED       ABANDONED         DATE       NEW LOCATION (IF MOVED)       COUNTY       COUNTY         EXPORT/FBO WHERE NORMALLY BASED IN THIS COUNTY       INTRANSIT TO:       INTRANSIT TO:         URPORT/FBO WHERE NORMALLY KEPT       HANGAR/TIE-DOWN NC       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       STATE       ZIP CODE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       REPAIRS       FOR SALE       IN TRANSIT TO:       OTHER:         ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOU       IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (Z)       Note: The following declaration must be completed and signed. If you do not do so, it may resilements or other attachments, and to the best of my know is true, correct, and complete and includes all property required to be reported which is owned, claimed, post or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE   |                             |  |  |  |
| Image: Second |                             |  |  |  |
| DATE       NEW LOCATION (IF MOVED)       COUNTY         EXPLANATION       COUNTY       COUNTY         URCRAFT NOT HABITUALLY BASED IN THIS COUNTY       HANGAR/TIE-DOWN NC         URCRAFT NOT HABITUALLY BASED IN THIS COUNTY       STATE       ZIP CODE         COUNTY       STATE       COUNTY         CATTY       STATE       ZIP CODE         COUNTY       STATE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       OTHER:         ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOU       IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (Z)       DECLARATION BY ASSESSEE       Note: The following declaration must be completed and signed. If you do not do so, it may result of partnership         Corporation       I certify (or declare) under penalty of perjury under the laws of the State of California that I have example transmition is true, correct, and complete and includes all property required to be reported which is owned, claimed, post or managed by the person named as the assessee in this statement at 12:01 a.m. on January 10 (SINATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE  |                             |  |  |  |
| DATE       NEW LOCATION (IF MOVED)       COUNTY         EXPLANATION       COUNTY       COUNTY         URCRAFT NOT HABITUALLY BASED IN THIS COUNTY       HANGAR/TIE-DOWN NC         URCRAFT NOT HABITUALLY BASED IN THIS COUNTY       STATE       ZIP CODE         COUNTY       STATE       COUNTY         CATTY       STATE       ZIP CODE         COUNTY       STATE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       OTHER:         ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOU       IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (Z)       DECLARATION BY ASSESSEE       Note: The following declaration must be completed and signed. If you do not do so, it may result of partnership         Corporation       I certify (or declare) under penalty of perjury under the laws of the State of California that I have example transmition is true, correct, and complete and includes all property required to be reported which is owned, claimed, post or managed by the person named as the assessee in this statement at 12:01 a.m. on January 10 (SINATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE  |                             |  |  |  |
| JIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY       HANGAR/TIE-DOWN NO         JIRPORT/FB0 WHERE NORMALLY KEPT       HANGAR/TIE-DOWN NO         JITY       STATE ZIP CODE       COUNTY         JITY       STATE ZIP CODE       COUNTY         HECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         OTHER:       OTHER:       OTHER:       IN TRANSIT TO:       OTHER:         ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOU       IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (IN)       DECLARATION BY ASSESSEE       Note: The following declaration must be completed and signed. If you do not do so, it may resumption of the state of California that I have examples attements or other attachments, and to the best of my know is true, correct, and complete and includes all property required to be reported which is owned, claimed, post or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE  |                             |  |  |  |
| AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY       HANGAR/TIE-DOWN NO         DITY       STATE ZIP CODE       COUNTY         CITY       STATE ZIP CODE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       REPAIRS       FOR SALE       IN TRANSIT TO:         OTHER:       OTHER:       OTHER:       IN TRANSIT TO:       OTHER:         OWNERSHIP TYPE (EX)       Proprietorship       DECLARATION BY ASSESSEE       NAMES.         OWNERSHIP TYPE (EX)       Note: The following declaration must be completed and signed. If you do not do so, it may result of the reported which is owned, claimed, post of the state ment, including accompanying schedules, statements or other attachments, and to the best of my know or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE   |                             |  |  |  |
| NIRPORT/FBO WHERE NORMALLY KEPT       HANGAR/TIE-DOWN NO         CITY       STATE       ZIP CODE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       OTHER:         ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOU IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (∅)       DECLARATION BY ASSESSEE         Proprietorship       I         Partnership       I         Corporation       I         Other       I certify (or declare) under penalty of perjury under the laws of the State of California that I have exart statement, including accompanying schedules, statements or other attachments, and to the best of my kno         It certify (or declare) under penalty of perjury under the laws of the state of California that I have exart statement, including accompanying schedules, statements or other attachments, and to the best of my kno         It certify (or Assessee OR AUTHORIZED AGENT*       DATE   |                             |  |  |  |
| NIRPORT/FBO WHERE NORMALLY KEPT       HANGAR/TIE-DOWN NO         CITY       STATE       ZIP CODE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       OTHER:         ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOU IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (Ø)       DECLARATION BY ASSESSEE         Proprietorship       I         Partnership       I         Corporation       I         Other       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examination is true, correct, and complete and includes all property required to be reported which is owned, claimed, poson ramaged by the person named as the assessee in this statement at 12:01 a.m. on January 1         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE   |                             |  |  |  |
| CITY       STATE       ZIP CODE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         OTHER:       OTHER:       OTHER:       OTHER:         ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOU IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.       OWNERSHIP TYPE (ID)         OWNERSHIP TYPE (ID)       DECLARATION BY ASSESSEE       Note: The following declaration must be completed and signed. If you do not do so, it may result to comport of the state of California that I have examples to the statement, including accompanying schedules, statements or other attachments, and to the best of my know is true, correct, and complete and includes all property required to be reported which is owned, claimed, post or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE  |                             |  |  |  |
| CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:   | ).                          |  |  |  |
| CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:<br>OTHER:<br>ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOU<br>IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.<br>OWNERSHIP TYPE (I)<br>Proprietorship<br>Partnership<br>Corporation I I certify (or declare) under penalty of perjury under the laws of the State of California that I have examples the statement, including accompanying schedules, statements or other attachments, and to the best of my know is true, correct, and complete and includes all property required to be reported which is owned, claimed, post<br>or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1<br>SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  |                             |  |  |  |
| ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOU IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (ID)         Proprietorship         Partnership         Corporation         Other         I certify (or declare) under penalty of perjury under the laws of the State of California that I have examples the statement, including accompanying schedules, statements or other attachments, and to the best of my know is true, correct, and complete and includes all property required to be reported which is owned, claimed, post or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*   |                             |  |  |  |
| ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOU IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  |                             |  |  |  |
| ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOU IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  |                             |  |  |  |
| IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (I)         Proprietorship       DECLARATION BY ASSESSEE         Note: The following declaration must be completed and signed. If you do not do so, it may rest         Partnership       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examples         Other       I certify (or declare) under penalty of perjury under the laws of the state of california that I have examples         Other       Is true, correct, and complete and includes all property required to be reported which is owned, claimed, postor managed by the person named as the assessee in this statement at 12:01 a.m. on January 1         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE   |                             |  |  |  |
| OWNERSHIP TYPE (I)       DECLARATION BY ASSESSEE         Proprietorship       Proprietorship         Partnership       I         Corporation       I         Other       I         Corporation       I         Other       I         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DECLARATION BY ASSESSEE    Decumposition          I       Certify (or declare) under penalty of perjury under the laws of the State of California that I have examples the statement, including accompanying schedules, statements or other attachments, and to the best of my known is true, correct, and complete and includes all property required to be reported which is owned, claimed, post or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1   | IN AIRCRAFT.                |  |  |  |
| Proprietorship       Note: The following declaration must be completed and signed. If you do not do so, it may result of partnership         Partnership       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examination of the statement, including accompanying schedules, statements or other attachments, and to the best of my known is true, correct, and complete and includes all property required to be reported which is owned, claimed, possion or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE   |                             |  |  |  |
| Partnership<br>Corporation<br>Other<br>I certify (or declare) under penalty of perjury under the laws of the State of California that I have examples is true, including accompanying schedules, statements or other attachments, and to the best of my know is true, correct, and complete and includes all property required to be reported which is owned, claimed, postor managed by the person named as the assessee in this statement at 12:01 a.m. on January 1 SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*   | ult in penalties.           |  |  |  |
| Corporation       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examples of the statement, including accompanying schedules, statements or other attachments, and to the best of my known is true, correct, and complete and includes all property required to be reported which is owned, claimed, postor managed by the person named as the assessee in this statement at 12:01 a.m. on January 1         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE   | -                           |  |  |  |
| Other   |                             |  |  |  |
| or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1<br>SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*   | U U                         |  |  |  |
|   |                             |  |  |  |
| IAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  | DATE                        |  |  |  |
|   | TITLE                       |  |  |  |
| NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBER   |                             |  |  |  |
| PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE   |                             |  |  |  |
| E-MAIL ADDRESS  |                             |  |  |  |
|   |                             |  |  |  |
| AGENT: SEE INSTRUCTIONS FOR DECLARATION 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 employee or agent 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.

#### **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.

