EF-577-R05-0515-25000591-1 BOE-577 (P1) REV. 05 (05-15)

FILE RETURN BY: \_\_\_

# AIRCRAFT PROPERTY STATEMENT

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



# **Cheri Budmark Modoc County Assessor**

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

PLEASE NOTE: This form must be filed timely w	ith the
Assessor's office, regardless of the status of	any
Historical Aircraft Exemption Claim Penalties will	annly

Assessor's office, rega Historical Aircraft Exemp if not filed.	rdless of otion Claim	the status	s of ar	าง					
(Make necessary corre		inted name an	nd mailing add	dress)	٦	FOR A	SSESSOR'S	S USE ONLY	
SECTION I: MUST BE COMP	I ETED ANNI	ΙΔΙΙΥ							
FAA REGISTRATION NUMBER		DAYTIME PH	ONE NUMBE	ER AIRCR	AFT LOCATION (AIRPOI	RT, HANGAR OR	TIE-DOWN	I NUMBER)	
MANUFACTURER		\ /	MODEL					,	YEAR BUILT
SERIAL NUMBER			PURCHA	ASE DATE	PURCHASE PRICE		DATE MOVED TO THIS COUNTY		
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OF	R ASSESSED	IN ANOTHE	R CALIFORN	· ·	OUNTY NAME A	ND ASSES	SMENT YEAR	S
FIXED BASE OPERATOR NAME				LAST MAJO	R AIRFRAME OVERHAU		COST:		
IF YOU CHECKED CHAR	W GOC W GOC FLIGHT TRAINI FER/TAXI, DO N NOTE: COMMO	DD AVDD AVDD AVDD AVDD AVDD AVDD AVDD A	E AIRCRAFT E DOES NO OR REPLAC	T INCLUDE F	BUSINESS FRA I CARRIAGE MORE THA ERRY FLIGHTS OR PAR S. DO NOT REPORT OR	ACTIONAL OWNE AN 50% OF THE T T 91 OWNER FL RIGINAL STANDA	RSHIP PROTINE?	S AND ATTACI OGRAM SI YES NO	H SCHEDULE.
UNIT	ACQUISITION	COST	CONDITION	ASSESSOR			COST	CONDITION	ASSESSOR
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR	DATE	NEW		USE ONLY	RADAR ALTIMETER	DATE	NEW		USE ONLY
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODER				
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAGNETIC INDICATOR				
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 AXES					BOOTS				
FLIGHT DIRECTOR					HF TRANSCEIVERS				
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT					OTHER NON-FACTORY				

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



EF-577-R05-0515-25000591-2

BOE-577 (P2) REV. 05 (05-15)) SECTION 1: (continued)

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

SALE PRICE   SALE PRICE   SALE   SALE PRICE   SALE   SALE PRICE   STATE   ZIP CODE   COUNTY	AIRFRAME HOURS:		7						
MADE SERVICE SERVICE STATE STATE PLANS SOLD ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONARD DATE DATE OF SALE  ADDRESS OF COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN TELAST CALENDAR YEAR  NAME  ADDRESS OF COMPLETE DATE OF SALE  SET ON IL COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS OF COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS OF COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS OF COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS OF COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS OF COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS OF COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS OF COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS OF COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS OF COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS OF COUNTY   IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONARDD  DATE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FILING MOVED  ARRONAL THE ANDRESS OF COUNTY  FILING MOVED  ARRONAL THE ANDRESS OF COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  THE COUNTY OF THE COUNTY  COUNTY STATE ZIP CODE  COUNTY  COUNTY STATE ZIP CODE  COUNTY  COUNTY  COUNTY  FILING MOVED  ARRONAL THE ANDRESS OF COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT N	ENGINE(S)	SINGLE	LEFT RIGHT FOR HELIC			ELICOPT	OPTERS - HOURS SINCE MAJOR OVERHAUL:		
VERNE OF MANUFACTURE   MASSESSEE OR AUTHORIZED AGENT? VERY STATE ZIP CODE   COUNTY						ENGINE			
HOURS BINCE NEW HOURS BINCE MADRE OVERHAULE THE BETWEEN OVERHAULE (STOR) HOURS BINCE MADRE OVERHAULE DATE OF MADRIG OVERHAULE SECTION ILL COMPLIETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME ADDRESS CITY  STATE ZIP CODE COUNTY  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FOUNDATION FOR THE SOLD OR DONATED: DATE OF SALE SALE FRICE THE MOVED JUNIMED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED)  ARRORATION OF MADRIALLY REPT CITY  STATE ZIP CODE COUNTY  EXPLANATION  ARRORATT NOT HABITUALLY BASED IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY TO THERE  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE (II) POPPHIED AND THE NEW OF THE SALE SALE FROM THE NEW OF THE SALE SALE FROM THE S						MAST		MAST	
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DATE OF MAJOR OVERHAUL  DATE OF LANDING SEAR OVERHAUL  DATE OF LANDING SEAR OVERHAUL  DATE OF LANDING SEAR OVERHAUL  POR LANDING SEAR OVERHAUL  STORY HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT:  SECTION II: COMPLETE IF FIRST THIS FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  FOUND OR DONATED:  DATE OF SALE  SALE PRICE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FOUND JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORTIFED WHERE NORMALLY KEPT  CITY  STATE ZIP CODE  COUNTY  HANGAR/TIE-DOWN NO.  CITY  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 YOUR AIRCRAFT.  IF OWNERSHIP TYPE (Z)  PROVINCESHIP TYPE (Z)  PROVINCESHIP TYPE (Z)  POWNERSHIP TYPE (Z)  FOUNDERSHIP TYPE (Z)  POWNERSHIP TYP									
DATE OF LANDING GEAR OVERHAUL  ENGINE MAINTENANCE SERVICE PROGRAN:									
ENGINE MAINTENANCE SERVICE PROGRAM:									
NAME OF PROGRAM: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF PIRST TIME FLING 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 SALE SANTHON TO THE SALES COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY STATE ZIP CODE COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY STATE ZIP CODE COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY IF OWNERSHIP TYPE (E) PROVIDENSHIP TYPE (E) Providendenship Type IS LIC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I COWNERSHIP TYPE (E) Providendenship Type IS LIC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I COWNERSHIP TYPE (E) PROVIDENSHIP T			] VEO						
NAME  CITY  STATE ZIP CODE  COUNTY  IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED:  DATE  DATE OF SALE  SALE PRICE  STATE ZIP CODE  COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORTIFBO WHERE NORMALLY KEPT  HANGARTIE-DOWN NO.  CITY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE NIT TO OTHER  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE (3)  Propietionship  OWNERSHIP TYPE (3)  Propietionship  OWNERSHIP TYPE (3)  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I corporation is funded and includes all property required 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 statement. Including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it statement. Including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it statement. Including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it statement. Including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it statement. Including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it statement. Including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it statements. In the property required to be reported to be re	NAME OF PROGRAM: FOR HOMEBUILT, KIT, OR EXPLICATION II: COMPLETE IF FIR	ERIMENTAL AIRCR	RAFT, ENTER	R EXACT DATE		RST FLIGHT:			
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AIRPORT/FBO WHERE NORMALLY KEPT  CITY  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 FELL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (ID) Proprietorship Rote: The following declaration must be completed and signed. If you do not do so, it may result in penalties. 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 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, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE  TITLE  TITLE  THE PROPER NUMBER  TITLE  TITLE  TITLE  THE PROPER NUMBER  TITLE  TITLE  TITLE  THE PROPER NUMBER  TITLE  TITLE  THE PROPER NUMBER  TITLE	AIDCDAFT NOT HARITHALLY BAS	ED IN THIS COUNTY							
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\*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, 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-R05-0515-2500059