EF-577-R07-0518-34000315-1 BOE-577 (P1) REV. 07 (05-18)



# **CHRISTINA WYNN** SACRAMENTO COUNTY ASSESSOR

AIRCRAFT SECTION te 200

AIRCRAFT PROPERTY STATEMENT  Declaration of costs and other related property information as of 12:01 a.m., January 1, 20  FILE RETURN BY:	3636 American River Drive, Suite 20 Sacramento, CA 95864-5952 Phone (916) 875-0740 FAX (916) 875-0735 https://assessor.saccounty.gov
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 (Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY

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∟ SECTION I: MUST BE COMPI	ETED ANNI	IALLV								
1. FAA REGISTRATION NUMBER		DAYTIME PHO	NIE NI IMBE	D AIDCD	AFT LOCATION (AIRPO		TIE DOWN	I NII IMDED\		
N		( )	NE NOMBL	AIROR	ALL LOCATION (AIRE	JKI, HANGAR ON	TIL-DOWN	( NOWBER)		
MANUFACTURER		,	MODEL					,	YEAR BUILT	
SERIAL NUMBER			PURCHA	ASE DATE	PURCHASE PRICE	1	DATE MOVE	ED TO THIS CO	OLINTY	
OLIVIAL NOMBLIX			I OROIN	\$			BATE MOVED TO THIS GOOT!			
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSESSED II	NANOTHE	R CALIFORN	A COUNTY, INDICATE	COUNTY NAME A	ND ASSES	SMENT YEAR	S	
FIXED BASE OPERATOR NAME				LAST MAJOR	R AIRFRAME OVERHA		COST:			
2. AIRCRAFT CONDITION:										
WHEN PURCHASED NEV	v Goo	D AVE	RAGE	POOR	DAMAGE HISTORY	1				
CURRENT NEV	v 🗌 goo	D AVE	RAGE	POOR	YES NO	IF YES, SEE INS	TRUCTION	S AND ATTACH	H STATEMENT	
INTERIOR NEV	V GOO	D AVE	RAGE	POOR	EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED					
EXTERIOR NEV	V GOO	D AVE	RAGE [	POOR	YES NO	IF YES, SEE INS	TRUCTION	S AND ATTACI	H SCHEDULE.	
3. TYPE OF USAGE:										
PERSONAL/PLEASURE F	LIGHT TRAININ	NG RENTA	L CHA	RTER/TAXI	BUSINESS FR	ACTIONAL OWNE	ERSHIP PR	OGRAM SI	HOW/MUSEUN	
IF YOU CHECKED CHART					I CARRIAGE MORE TH ERRY FLIGHTS OR PA			YES NO		
					S. DO NOT REPORT O			RY AVIONICS.		
	ACQUISITION	COST	ASSESSOR		) NEW, (A) AVERAGE, (	ON COST CONDITION ASSESSOR				
UNIT	DATE	NEW	CONDITION	USE ONLY	UNIT	ACQUISITION DATE	NEW	CONDITION	USE ONLY	
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR					RADAR ALTIMETER					
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 EQUIPMEN	т				
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING					
AUTOPILOT NUMBER OF AXIS					BOOTS					
FLIGHT DIRECTOR					HF TRANSCEIVERS					
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RIJLES					OTHER NON-FACTORY AVIONICS					

THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGNED



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

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

S. TOTAL AIRFRAME HOURS:  MAKE  MODEL  MAKE  MODEL  MAKE  MODEL  MAKE  MODERS	5.	ENGINE(S)	SINGLE	LEFT	RIC	SHT		NI AIDEDAME HOL	IDO:		
TORRESTORMEDICTURE  FOR HELICOPTERS - HOURS SINCE MAJOR OVERHAUL:  NORSPROWER  HOURS SINCE NOW  MADE OF ROSE NOW  MADE NOW  MADE OF ROSE NOW  MADE OF ROSE NOW  MADE NOW  MAD NOW  MADE NOW  MAD NOW  MADE NOW  MAD		MAKE					6. TOTA	AL AIRFRAME HOU	JK5:		
INCRESPONDER   INCRESSION   I		MODEL									
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THE SETWEN OVERHAULS (TBD)  THE SETWEN OVERHAULS (TBD)  TAL ROTOR ASSIGNABLY  TAL ROTOR		HOURS SINCE NEW					ENGINE				
TOURS SINCE MIDLIFE   DATE OF MAJOR OVERHAUL   TOUR OVERHAUL   DATE OF PROGRAM:   YES   NO   NAME OF PROGRAM:   YES   NO   DATE OF MAJOR OVERHAUL   NT. OVERHAUL   TOUR OVERHAUL		HOURS SINCE MAJOR OVERI	HAUL				MAST				
DATE OF MAJOR OVERHAULE  DATE OF MAJORG OFFROVERHAULE  DATE OF MAJORG OFFROVERHAULE  DATE OF LANDING GEAR OVERHAULE  DATE OF LANDING OFFROVERHAULE  DATE OF LANDING OFFROVERHAULE  SECTION IT: COMPLETE IF FIRST TIME FILLING 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  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED:  DATE OF SALE  SALE PRICE  SAL			(TBO)								
DATE OF LANDING GEAR OVERHAUL  ENGINE MAINTENNANCE SERVICE PROGRAM:									BLADES		
ENGINE MAINTENANCE SERVICE PROGRAM:							SERVOS	MISCELLANEOUS			
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  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  FI: MOVED JUNKED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  COUNTY  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY: AIRPORT/FBO WHERE NORMALLY KEPT  CITY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS POR SALE  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (S)  Note: 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 peniny under the laws of the State of California that I have examined this property statement, including accompanying schedules, statement or other attachments, and to the best of my knowledge and helief it is true, correct, and complete and includered to be reported which is owned, correct, and complete and includered to be reported which is owned, correct, and complete and includered to be reported which is owned, correct, and complete and includered to be reported which is owned, correct, and complete and includered by penyer winder to be the laws of the State of California that I have examined this property statement, including accompanying schedules, statement or other attachments, and to the best of my knowledge and helief it is true, correct, and complete and includered by property which is owned, correct, and complete and includered by penyer which is owned, ending possessed, controlled, or managed by the person named as the assessee in this statement at 12.01 a.m. on January 1, 20  DATE								<u>'</u>	<u>'</u>		
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	NA	ME OF PROGRAM:						T DATE:			
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ADDRESS  CITY  STATE ZIP CODE  COUNTY  FAIRCRAFT 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  STATE ZIP CODE  COUNTY  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORTIFEO WHERE NORMALLY KEPT  CITY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  HANGARTIE-DOWN NO.  CITY  STATE ZIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:  REPAIRS FOR SALE  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE IS LIC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  Partnership  Competition  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 reponded which is owned; claimed, possessed, controlled or managed by the person named as the assessee in this statement at 12:01 s.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT: (typed or printed)  TILLE  PREPARE S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TILLE  TELEPHONE NUMBER  TILLE  THE PROPER S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TILLE  THE PROPER S NAME AND ADDRESS (typed or printed)						IIN THE	LAST CALENI	DAR YEAR			
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ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE ID LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE ID Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  Partnership Corporation 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* DATE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TILLE  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE	CIT	Υ	STATE ZIP CODE COUNTY								
ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (☑) Proprietorship Partnership Corporation Other  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)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TILE  PREPARER'S NAME AND ADDRESS (typed or printed)  TILE  TELEPHONE NUMBER  TILE  TILE	СН	CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:									
OWNERSHIP TYPE (Z) Proprietorship Declaration must be completed and signed. If you do not do so, it may result in penalties. Partnership Corporation Other District of 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* DATE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TILLE  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE  TITLE		OTHER:									
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 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 ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE  TITLE		ATTACH STATEMEN							YOUR AIRCRAFT.		
Proprietorship Partnership Corporation Other    Cother		MINIEDSHID TVDE (177)	II OWNEROIII	111 L 10 LL	•						
Partnership Corporation Other  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*  DATE  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE  TITLE			Note: The following	declaration					result in nenalties		
Corporation Other  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 ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE  TITLE			Note: The following (	acciai ation	mast be comp	neteu ai	ia signea. Ii ye	ou do not do 30, it may	result iii penaities.		
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 ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE  TELEPHONE NUMBER  TITLE		Corporation I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this property									
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 ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE	Other statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it										
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  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											
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE	SIG	GNATURE OF ASSESSEE OR AU	THORIZED AGENT*					DATE			
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ( )	NA	ME OF ASSESSEE OR AUTHOR	IZED AGENT* (typed or printed)					TITLE			
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ( )											
	NA	NAME OF LEGAL ENTITY (other than DBA) (typed or printed)					FEDERAL EMPLOYER ID NUMBER				
E-MAIL ADDRESS	PR	EPARER'S NAME AND ADDRES	S (typed or printed)		TELEI	PHONE NU	MBER :	TITLE			
	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 a member 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.



EF-577-R07-0518-34000315