## AIRCRAFT PROPERTY STATEMENT

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



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

FILE	RET	URN	BY:
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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)

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FOR ASSESSOR'S USE ONLY

L									
SECTION I: MUST BE COMP									
1. FAA REGISTRATION NUMBER	STRATION NUMBER DAYTIME PHONE NUMBER A				AFT LOCATION (A	IRPORT, HANGAR	OR HE-DOW	N NUMBER)	
MANUFACTURER		<b>、</b>	MODEL					YEAR BUILT	
SERIAL NUMBER			PURCHAS	CHASE DATE   PURCHASE PRICE   DATE MOVED TO THI				ED TO THIS CO	JUNTY
					\$				
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OF	ASSESSED	IN ANOTHER	CALIFORN	IA COUNTY, INDIC	ATE COUNTY NAM	IE AND ASSES	SMENT YEAR	S
FIXED BASE OPERATOR NAME			l	_AST MAJOI	R AIRFRAME OVER	RHAUL DATE:	COST: \$		
2. AIRCRAFT CONDITION:							φ		
WHEN PURCHASED	N 🗌 GOO		ERAGE	POOR	DAMAGE HIST				
						NO IF YES, SEE	INSTRUCTION	S AND ATTACI	H STATEMENT
			ERAGE			EASED, EXCHA			
			ERAGE			NO IF YES, SEE			
3. TYPE OF USAGE:									
IF YOU CHECKED CHAR	NOTE: COMMO	OU USE THI	E AIRCRAFT I E DOES NOT OR REPLAC	N COMMON INCLUDE F ED AVIONIC	I CARRIAGE MORE	R PART 91 OWNER	HE TIME?	YES NO	HOW/MUSEUN
UNIT	ACQUISITION DATE	COST	CONDITION	ASSESSOR USE ONLY				CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR					RADAR ALTIMETER				
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODER				
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAGNETIC INDICATO	R			
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VLF VERY LOW FREQUENCY				
NAVCOM #1					PHONE				
NAVCOM #2					RADAR				
TRANSPONDER A C					LORAN				
GLIDESLOPE					ADF AUTOMATIC DIRECTION FIN	DER			
LOCALIZER					DME DISTANCE MEASURING EQU	IIPMENT			
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING	3			
AUTOPILOT NUMBER OF AXIS					BOOTS				
FLIGHT DIRECTOR					HF TRANSCEIVERS	3			
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER NON-FACTO AVIONICS	ORY			
					2 MUST BE CO				
	THIS D	OCUMEN		ISUBJE	CT TO PUBL	IC INSPECT	UN		



EF-577-R07-0518-06000592-2 BOE-577 (P2) REV. 07 (05-18)

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

SECTION I: (continued)					7			
5. ENGINE(S)	)	SINGLE	LEFT	RIGHT	6. TOTAL	AIRFRAME HOU	RS:	
MAKE					-			
MODEL					-			
YEAR OF MANUFACTUR	E				FOR HELI	COPTERS - HOURS SINC	E MAJOR OVERHAUL:	
HORSEPOWER					ENGINE	MAIN ROTOR	MAIN ROTOR	
HOURS SINCE NEW						BLADES	HEAD ASSEMBLY	
HOURS SINCE MAJOR O					MAST	MAST TRANSMISSION	TAIL ROTOR DRIVESHAFT	
TIME BETWEEN OVERH	AULS (TBO)				TAIL ROTOR	TAIL ROTOR HUB	TAIL ROTOR	
HOURS SINCE MIDLIFE					GEARBOX	ASSEMBLY	BLADES	
DATE OF MAJOR OVERH	-				SERVOS	MISCELLANEOUS		
DATE OF LANDING GEAF	ROVERHAUL					I	I	
ENGINE MAINTENANC NAME OF PROGRAM: FOR HOMEBUILT, KIT, SECTION II: COMPLE	OR EXPERIME	ENTAL AIRCRA	FT, ENTER EXA	ES WITHIN THE	RST FLIGHT: _	DATE:		
NAME AND ADDRESS OF NAME	OWNER IF DIF	FERENT FROM F	AA REGISTERED					
				200				
CITY			I	STAT	E ZIP CODE	COUNTY		
F AIRCRAFT WAS SOLD,	ATTACH A CON	IPLETE COPY OF	THE SALES CON	ITRACT		1		
IF SOLD OR DONATED:				PRICE				
			\$	500				
NEW OWNER NAME			ADDR	E88				
CITY STATE				E ZIP CODE	COUNTY			
			OYED ABAND	ONED				
DATE NEW	/ LOCATION (IF I	MOVED)				COUNTY		
EXPLANATION								
AIRCRAFT NOT HABITUA	LLY BASED IN	THIS COUNTY						
AIRPORT/FBO WHERE NO	ORMALLY KEPT					HANGAR/TIE-DOWN	NO.	
CITY				STAT	E ZIP CODE	COUNTY		
CHECK REASON AIRCRAI	FT IS OR WAS II	N THIS COUNTY:	REPAIRS	FOR SALE	IN TRANSIT TO:			
					OTHER:			
	MENT REGAR	DING ANY ADE		MATION YOU F				
ATTACH STATE					LIST OF MEMBE			
ATTACH STATE			YPE IS LLC, PLE	ASE ATTACH A	LIST OF MEMBE	RS NAMES.		
	IF (	OWNERSHIP T	YPE IS LLC, PLE	ASE ATTACH A	LIST OF MEMBE	RS NAMES.	esult in penalties.	
OWNERSHIP TYPE (☑)	IF ( Note: Th	DWNERSHIP T	YPE IS LLC, PLE	ASE ATTACH A	LIST OF MEMBE I BY ASSESSE nd signed. If you	RS NAMES. E do not do so, it may r	•	
OWNERSHIP TYPE (☑) Proprietorship	IF ( Note: TI I certify (or c	DWNERSHIP T he following de declare) under p	YPE IS LLC, PLE	ASE ATTACH A DECLARATION be completed an / under the laws	LIST OF MEMBE I BY ASSESSE and signed. If you	RS NAMES. E do not do so, it may r California that I have e	xamined this property	
OWNERSHIP TYPE (☑) Proprietorship □ Partnership □	IF ( Note: Th I certify (or c statement, in	DWNERSHIP T he following de declare) under µ cluding accomp	YPE IS LLC, PLE claration must l penalty of perjury anying schedules	ASE ATTACH A DECLARATION be completed and of under the laws s, statements or of	LIST OF MEMBE I BY ASSESSE and signed. If you of the State of ( other attachments,	RS NAMES. E do not do so, it may r	xamined this property cnowledge and belief it	
OWNERSHIP TYPE (☑) Proprietorship Partnership Corporation Other	IF ( Note: Th I certify (or c statement, in is true, correc or	DWNERSHIP T he following de declare) under p cluding accomp ct, and complete managed by the	YPE IS LLC, PLE claration must l penalty of perjury anying schedules and includes all	ASE ATTACH A DECLARATION be completed and y under the laws s, statements or of property required	LIST OF MEMBE I BY ASSESSE and signed. If you of the State of ( other attachments) to be reported wi in this statement	RS NAMES. <b>E</b> <b>do not do so, it may r</b> California that I have e , and to the best of my P hich is owned, claimed, at 12:01 a.m. on Januar	xamined this property (nowledge and belief it possessed, controlled,	
OWNERSHIP TYPE (☑) Proprietorship Partnership Corporation Other	IF ( Note: Th I certify (or c statement, in is true, correc or	DWNERSHIP T he following de declare) under p cluding accomp ct, and complete managed by the	YPE IS LLC, PLE claration must l penalty of perjury anying schedules and includes all	ASE ATTACH A DECLARATION be completed and y under the laws s, statements or of property required	LIST OF MEMBE I BY ASSESSE and signed. If you of the State of ( other attachments, d to be reported with	RS NAMES. <b>E</b> <b>do not do so, it may r</b> California that I have e , and to the best of my P hich is owned, claimed, at 12:01 a.m. on Januar	xamined this property (nowledge and belief it possessed, controlled,	
OWNERSHIP TYPE (☑)         Proprietorship         Partnership         Corporation         Other         SIGNATURE OF ASSESSEE C	IF C Note: Th I certify (or c statement, in is true, correc or RAUTHORIZED A	DWNERSHIP TY he following de declare) under p cluding accomp ct, and complete managed by the GENT*	YPE IS LLC, PLE claration must l penalty of perjury anying schedules and includes all	ASE ATTACH A DECLARATION be completed and y under the laws s, statements or of property required	LIST OF MEMBE I BY ASSESSE ad signed. If you of the State of ( other attachments; d to be reported w; in this statement DA	RS NAMES. <b>E</b> <b>do not do so, it may r</b> California that I have e , and to the best of my P hich is owned, claimed, at 12:01 a.m. on Januar	xamined this property (nowledge and belief it possessed, controlled,	
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OWNERSHIP TYPE (☑)         Proprietorship         Partnership         Corporation         Other         SIGNATURE OF ASSESSEE C         NAME OF ASSESSEE OR AUT	IF C Note: Th I certify (or c statement, in is true, correc or DR AUTHORIZED AGENT <sup>4</sup> THORIZED AGENT <sup>4</sup> thoriZED AGENT <sup>4</sup>	DWNERSHIP T he following de declare) under p cluding accomp ct, and complete managed by the GENT* * (typed or printed) d or printed)	YPE IS LLC, PLE claration must l penalty of perjury anying schedules and includes all	ASE ATTACH A DECLARATION be completed and y under the laws s, statements or of property required	LIST OF MEMBE I BY ASSESSE Ind signed. If you to of the State of the other attachments, to be reported with in this statement DA TIT FE	RS NAMES. E do not do so, it may n California that I have e , and to the best of my k hich is owned, claimed, at 12:01 a.m. on Janual TE TLE	xamined this property knowledge and belief it possessed, controlled, ry 1, 20	
OWNERSHIP TYPE (☑)         Proprietorship         Partnership         Corporation         Other         SIGNATURE OF ASSESSEE OF         NAME OF ASSESSEE OR AUT         NAME OF LEGAL ENTITY (oth	IF C Note: Th I certify (or c statement, in is true, correc or DR AUTHORIZED AGENT <sup>4</sup> THORIZED AGENT <sup>4</sup> thoriZED AGENT <sup>4</sup>	DWNERSHIP T he following de declare) under p cluding accomp ct, and complete managed by the GENT* * (typed or printed) d or printed)	YPE IS LLC, PLE claration must l penalty of perjury anying schedules and includes all	ASE ATTACH A DECLARATION be completed and y under the laws s, statements or of property required as the assessee	LIST OF MEMBE I BY ASSESSE Ind signed. If you to of the State of the other attachments, to be reported with in this statement DA TIT FE	RS NAMES. E do not do so, it may n California that I have e , and to the best of my H hich is owned, claimed, at 12:01 a.m. on Januar TE TLE DERAL EMPLOYER ID NUMB	xamined this property knowledge and belief it possessed, controlled, ry 1, 20	



# **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 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.

