EF-571-R-R26-0523-08000204-1 BOE-571-R (P1) REV. 26 (05-23)

# **APARTMENT HOUSE PROPERTY STATEMENT FOR 2024**

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2024) RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

## **FILE RETURN BY APRIL 1, 2024**

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)



# Jennifer Perry, Assessor **County of Del Norte**

981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

L					$\Box$	2. Enter the total		or the location listed.  in one of the units?
							Pes □	No
Local Telephone Number Email Address		Fax Numbe	r				the unit number	
Enter location of general ledger and	all related accounting	records (include z	ip code):			<ol> <li>During the polyage</li> <li>2023:</li> </ol>	eriod of January 1, 2	2023 through December 31,
STREET		CITY		STATE	ZIP			entity (corporation, partnership,
								) acquire a "controlling definition) in this business
Enter name and telephone number o	of authorized person t	o contact at locatio	n of accounting re	ecords:		entity?	(see ilistractions for	delinidon) in this business
						☐ Yes		ty also own "real property" (see
CAREFULLY READ AND FOLLOW	THE ACCOMPANY	NG INSTRUCTION	NS.			instructio	ns for definition) in	n California at the time of the
<ol> <li>If you no longer own this prop owner:</li> </ol>	perty as of January 1	of this year, show t	he name and mai	iling addre	ess of the nev	v acquisitio □ Yes		
Name								and (2), filer must submit form
Mailing Address						_ of Legal	Entities, to the Sta	ite Board of Equalization. See
City and State	City and State Zip Code					instructions for filing requirements. –		
Do any other individuals, partn premises? ☐ Yes ☐ No	nerships or corporation If <b>yes</b> , list below.	ns do business or o	wn personal prop	erty (othe	r than housel	nold furniture and p	personal effects of yo	our tenants) located on your
NAME AND ADDRESS OF (	OWNER OF SUCH P	ROPERTY	ı	NATURE (	OF THE BUS	INESS OR PROP	ERTY	
								ASSESSOR'S USE ONLY
5. Do you hold furniture or equip ☐ Yes ☐ No If <b>yes</b> , I	oment belonging to oth	ners on a loan, ren	tal, or lease basis	?				
NAME AND ADDRESS OF	OWNER OF SUCH P	ROPERTY		QU	ANTITY AND	DESCRIPTION		
MAINE AND ADDRESS OF (								
NAINE AND ADDRESS OF								
NAME AND ADDRESS OF								
6. ENTER BELOW the number of Schedule A. <b>Do not</b> include, e	of fully furnished, par either here or in Sche	tly furnished (e.g., dule A, any unit in v	stoves and refrigo	erators, no	ot built-in), ar	nd unfurnished uni	ts. Also complete	
6. ENTER BELOW the number of	of fully furnished, par either here or in Sche SLP. ROOM	tly furnished (e.g., dule A, any unit in v STUDIO	stoves and refrigon which you live.		ot built-in), ar	nd unfurnished uni	ts. Also complete	
6. ENTER BELOW the number of	either here or in Sche	dule A, any unit in v	which you live.				· 1	
ENTER BELOW the number of Schedule A. <b>Do not</b> include, e	either here or in Sche	dule A, any unit in v	which you live.				· 1	
6. ENTER BELOW the number of Schedule A. <b>Do not</b> include, of Schedule A. <b>Do not</b> include	either here or in Sche	dule A, any unit in v	which you live.				· 1	
6. ENTER BELOW the number of Schedule A. <b>Do not</b> include, of Schedule A. <b>Do not</b> include	either here or in Sche	dule A, any unit in v	which you live.			3 BEDRM.	· 1	
6. ENTER BELOW the number of Schedule A. <b>Do not</b> include, of Schedule A. <b>Do not</b> include A. <b>Do not</b> include, of Schedule A. <b>Do not</b> include A. <b>Do not</b> i	either here or in Sche	dule A, any unit in v	which you live.	21	BEDRM.	3 BEDRM.  Cost	· 1	
6. ENTER BELOW the number of Schedule A. <b>Do not</b> include, expected by the schedule A. <b>Do not</b> include A. <b>Do not</b>	SLP. ROOM	dule A, any unit in v	which you live.	2 I	BEDRM.	3 BEDRM.  Cost dule A	· 1	
6. ENTER BELOW the number of Schedule A. <b>Do not</b> include, expected by the schedule A. <b>Do not</b> include A. <b></b>	SLP. ROOM	dule A, any unit in v	which you live.	2 I	BEDRM.	3 BEDRM.  Cost dule A	· 1	
6. ENTER BELOW the number of Schedule A. <b>Do not</b> include, expected by the schedule A. <b>Do not</b> include A. <b>Do not</b>	SLP. ROOM	dule A, any unit in v	which you live.	2 I	BEDRM.	3 BEDRM.  Cost dule A	· 1	
6. ENTER BELOW the number of Schedule A. <b>Do not</b> include, expected by the schedule A. <b>Do not</b> include A. <b></b>	SLP. ROOM	dule A, any unit in v	which you live.	2 I	BEDRM.	3 BEDRM.  Cost dule A dule B	· 1	
6. ENTER BELOW the number of Schedule A. <b>Do not</b> include, expected by the schedule A. <b>Do not</b> include A. <b></b>	SLP. ROOM	dule A, any unit in v	which you live.	2 I	BEDRM.	3 BEDRM.  Cost dule A dule B	LARGER	
6. ENTER BELOW the number of Schedule A. <b>Do not</b> include, expected by the schedule A. <b>Do not</b> include A. <b></b>	SLP. ROOM	dule A, any unit in v	which you live.	2 I	BEDRM.	3 BEDRM.  Cost dule A dule B	LARGER  JLL VALUE  AL PROPERTY	
6. ENTER BELOW the number of Schedule A. <b>Do not</b> include, of Schedule A. <b>Do not</b> include	SLP. ROOM	dule A, any unit in v	which you live.	2 I	BEDRM.	3 BEDRM.  Cost dule A dule B  TOTAL FU PERSON. FIXTURE	LARGER  JLL VALUE  AL PROPERTY	

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**SCHEDULES OF DEPRECIABLE PROPERTY — SCHEDULES A and B.** Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedules A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items**. Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.

SCHEDULE A FURNITURE AND APPLIANCES (include items in storage; do not include built-ins)			SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, laundry pool, vending, signs, fire extinguishers)					
Year of	Original Installed Cost	FOR ASSESSOR'S USE ONLY		Year of	Original Installed Cost	FOR ASSESSOR'S USE ONLY		
Acquisition	(NOT depreciated book value)	Factor	Value	ACGUISILIOIT	(NOT depreciated book value)	Factor	Value	
2023				2023				
2022				2022				
2021				2021				
2020				2020				
2019				2019				
2018				2018				
2017				2017				
2016				2016				
2015				2015				
2014				2014				
2013 & prior				2013 & prior				
TOTAL COST	\$			TOTAL COS	T \$			
Enter on line 8,	page 1.			Enter on line	9, page 1.			
REMARKS:								
				N DV 400	-0055			
			DECLARATIO	N BY ASSE	:55EE			

I 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, 2024.

OWNERSHIP TYPE (☑)		SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE	
		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)		TITLE
Proprietorship				
Partnership		NAME OF LEGAL ENTITY (other than DBA) (typed or printed)		FEDERAL EMPLOYER ID NUMBER
Corporation				
Other	_ 🗆	PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER	TITLE

\*Agent: See page 3 for Declaration by Assessee instructions.



### **INSTRUCTIONS**

The Revenue and Taxation Code of the State of California requires that every person, upon request of the Assessor, shall file a written property statement under penalty of perjury with the Assessor within such time as the Assessor may appoint. Please complete this form according to the numbered instructions provided below as your statement of furnishings and related equipment owned, possessed or controlled by you as of 12:01 a.m., January 1, this year at the location listed. Property which you are purchasing under a conditional sales contract must be included. **Return the completed statement form to the Assessor on or before the date stated in the official requirement section.** In all instances, you must return the original BOE-571-R.

#### LINE 3. PROPERTY TRANSFER

**Real Property** – For purposes of reporting a change in control, real property includes land, structures, or fixtures owned or held under lease from (1) a private owner if the remaining term of the lease exceeds 35 years, including written renewal options, (2) a public owner (any arm or agency of local, state, or federal government) for any term or (3) mineral rights owned or held on lease for any term, whether in production or not.

**Controlling Interest –** When any person or legal entity obtains more than 50 percent of the voting stock of a corporation, or more than a 50 percent ownership interest in any other type of legal entity. The interest obtained includes what is acquired directly or indirectly by a parent or affiliated entity.

**Forms, Filing Requirements & Penalty Information –** Contact the Legal Entity Ownership Program Section at 916-274-3410 or refer to the Board's website at <a href="https://www.boe.ca.gov">www.boe.ca.gov</a> to obtain form BOE-100-B, applicable filing requirements, and penalty information.

- **LINE 4.** Check the appropriate box. If **yes** is checked, enter the name and address of the owner of the furniture or equipment. Briefly describe the nature of the business or property. **Do not** report household furnishings owned by tenants and used in their living quarters, or other personal property owned or controlled by tenants.
- **LINE 5.** Check the appropriate box. If **yes** is checked, enter the name and address of the owner or lessor and the quantity and description of the furniture or equipment. The lessor of the items will be asked to declare them.
- **LINE 6.** Enter the number of fully furnished, partly furnished, and unfurnished units in the appropriate column or columns. If the owner of the building (other than a corporation) occupies a unit as his living quarters, do not include it. Please indicate in the **REMARKS** area the items contained in a typical PARTLY FURNISHED apartment of each size. A *sleeping room* is a room with no kitchen facilities; a *studio* contains a kitchen and a convertible living room; a *1 bedrm*. contains a bedroom, living room, kitchen, etc. Attach additional sheets if necessary.
- **LINE 7.** Enter the cost of supplies that are on hand at 12:01 a.m. on January 1 of this year. Include janitorial and pool supplies, whether carried in your asset accounts or expensed.
- LINES 8 and 9. Enter the total cost from Schedules A and B.
- SCHEDULE A. Complete the schedule as instructed. If a portion of the furniture used in your rental units has been placed in storage, include the cost in the schedule and enter in the remarks the address where stored. **Do not** include built-in appliances, installed carpeting, or drapes as furniture; such items are considered part of the building. **Include** ranges, refrigerators, dishwashers, etc., if not built-in.
- **SCHEDULE B.** Complete the schedule as instructed. **Include** all equipment not reported in Schedule A. If you care to attach a schedule listing types of equipment separately, you may do so.

#### **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.

THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED WILL BE HELD SECRET BY THE ASSESSOR.

