AIRCRAFT PROPERTY STATEMENT

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

FILE RETURN BY: _

GLIDESLOPE

LOCALIZER

AUTOPILOT

GPS IFR

COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR

GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES

NUMBER OF AXIS FLIGHT DIRECTOR

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)

Kings County Assessor
1400 W. Lacey Blvd.
Hanford, CA 93230
559-852-2486
Fax: 559-582-2794

FOR ASSESSOR'S USE ONLY

Kristine Lee

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SECTION I: MUST BE COMP	-		IONE NUMBE		AFT LOCATION (AIRPORT				
1. FAA REGISTRATION NUMBER		()			AT I LOCATION (AIRPORT,	HANGAR OR		NOWBER)	
MANUFACTURER	MODEL	MODEL YEAR BUILT							
	DUDOUA								
SERIAL NUMBER			PURCHA	SE DATE	PURCHASE PRICE		ATE MOVE	D TO THIS CO	DUNTY
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSESSED		R CALIFORN	Ŧ	JNTY NAME A	ND ASSESS	MENT YEAR	S
FIXED BASE OPERATOR NAME				LAST MAJO	R AIRFRAME OVERHAUL [COST: \$		
2. AIRCRAFT CONDITION:									
WHEN PURCHASED	V 🗌 GOO		/ERAGE	POOR	DAMAGE HISTORY				
	v 🗌 GOO	/ERAGE	POOR YES NO IFYES, SEE INSTRUCTIONS AND ATTACH STATEMENT						
			/ERAGE	POOR	EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED				
					YES NO IF YES, SEE INSTRUCTIONS AND ATTACH SCHEDULE.				
3. TYPE OF USAGE:									
	LIGHT TRAININ		TAL 🗌 CHA	RTER/TAXI	BUSINESS FRACT	TIONAL OWNE	RSHIP PRC	GRAM SH	HOW/MUSEUN
					CARRIAGE MORE THAN			ES NO	
					S. DO NOT REPORT ORIG			RY AVIONICS.	
			TION, PLEAS		NEW, (A) AVERAGE, (P) P		1	1	
UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY	UNIT	ACQUISITION DATE	COST NEW	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 INDICATOR				
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VLF VERY LOW FREQUENCY				
NAVCOM #1					PHONE				
NAVCOM #2					RADAR				
TRANSPONDER A C					LORAN				

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

ADF AUTOMATIC DIRECTION FINDER

AIR CONDITIONING

HF TRANSCEIVERS OTHER NON-FACTORY

BOOTS

AVIONICS

DME DISTANCE MEASURING EQUIPMENT

EF-577-R07-0518-16000641-2 BOE-577 (P2) REV. 07 (05-18)

PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

5. ENGINE(S					_					
	·)	SINGLE	LEFT	RIGHT	Γ	6. TOTAL AIRFRAME HOURS:				
MAKE										
	<u></u>					FOR HELI	COPTERS - HOURS SINC	E MAJOR OVERHAUL:		
HORSEPOWER HOURS SINCE NEW						ENGINE	MAIN ROTOR BLADES	MAIN ROTOR HEAD ASSEMBLY		
HOURS SINCE MAJOR (MAST	MAST	TAIL ROTOR		
TIME BETWEEN OVERH							TRANSMISSION	DRIVESHAFT		
HOURS SINCE MIDLIFE						TAIL ROTOR GEARBOX	TAIL ROTOR HUB ASSEMBLY	TAIL ROTOR BLADES		
DATE OF MAJOR OVERI						SERVOS	MISCELLANEOUS			
DATE OF LANDING GEA										
			YES NO							
NAME OF PROGRAM:					F		DATE:			
FOR HOMEBUILT, KIT,		MENTAL AIRCRA	FT, ENTER EX	ACT DATE O						
SECTION II: COMPLE										
NAME AND ADDRESS OF										
NAME			ADE	RESS						
CITY					OTATE					
		STATE ZIP COD			ZIF CODE	COUNTY				
F AIRCRAFT WAS SOLD										
F SOLD OR DONATED:	-			E PRICE						
	SALE PRICE									
NEW OWNER NAME	<u>.</u>		ADI	DRESS						
					OTATE					
CITY					SIAIE	ZIP CODE	E COUNTY			
				IDONED						
DATE NEV	V LOCATION (IF	- MOVED)					COUNTY			
EXPLANATION										
AIRCRAFT NOT HABITU	ALLY BASED IN	N THIS COUNTY								
AIRPORT/FBO WHERE N	ORMALLY KEP	Т					HANGAR/TIE-DOWN NO.			
CITY					STATE	ZIP CODE				
					SIAIL	ZIF CODE	COUNT			
CHECK REASON AIRCRA	FT IS OR WAS	IN THIS COUNTY	REPAIRS	FOR SALE		I TRANSIT TO:				
					_	THER:				
ΔΤΤΔΩΗ STΔΤΕ							SIST US IN VALUING Y			
		OWNERSHIP T								
OWNERSHIP TYPE (☑)				DECLARA	TION	BY ASSESSE	E			
	Note:	The following d	eclaration mus		-		do not do so, it may r	esult in penalties.		
Proprietorship					1					
Proprietorship		declare) under					California that I have e and to the best of my l			
				es, statement						
Partnership	statement, i	including accomp ect, and complete			quired	to be reported w	nich is owned, claimed,	possessea, controllea,		
Partnership Corporation Corporation	statement, i is true, corre o	including accomp ect, and complete or managed by th	e and includes a	Il property re		this statement	at 12:01 a.m. on Janua			
Partnership Corporation Corporation	statement, i is true, corre o	including accomp ect, and complete or managed by th	e and includes a	Il property re			at 12:01 a.m. on Janua			
Partnership Corporation Other SIGNATURE OF ASSESSEE	statement, i is true, corre OR AUTHORIZED	including accomp ect, and complete or managed by th AGENT*	e and includes a	Il property re		this statement	at 12:01 a.m. on Janua. TE			
Partnership Corporation Other SIGNATURE OF ASSESSEE	statement, i is true, corre OR AUTHORIZED	including accomp ect, and complete or managed by th AGENT*	e and includes a	Il property re		this statement	at 12:01 a.m. on Janua			
Partnership Corporation Corporation	statement, i is true, corre OR AUTHORIZED. THORIZED AGEN	including accomp ect, and complete or managed by th AGENT* T* (typed or printed)	e and includes a	Il property re		D this statement	at 12:01 a.m. on Janua. TE	ry 1, 20 <u></u> .		
Partnership Corporation Other SIGNATURE OF ASSESSEE OF NAME OF ASSESSEE OR AU NAME OF LEGAL ENTITY (other second seco	statement, i is true, corre OR AUTHORIZED THORIZED AGEN her than DBA) (type	including accomp ect, and complete or managed by th AGENT* T* (typed or printed) ed or printed)	e and includes a	II property re d as the asse	ssee ir	n this statement	at 12:01 a.m. on Janua TE LE DERAL EMPLOYER ID NUMB	ry 1, 20 <u></u> .		
Partnership Corporation Other SIGNATURE OF ASSESSEE OF AU	statement, i is true, corre OR AUTHORIZED THORIZED AGEN her than DBA) (type	including accomp ect, and complete or managed by th AGENT* T* (typed or printed) ed or printed)	e and includes a	Il property re	ssee ir	n this statement	at 12:01 a.m. on Janua TE LE DERAL EMPLOYER ID NUMB	ry 1, 20 <u></u> .		
Partnership Corporation Other SIGNATURE OF ASSESSEE OF AU NAME OF ASSESSEE OR AU NAME OF LEGAL ENTITY (other second secon	statement, i is true, corre OR AUTHORIZED THORIZED AGEN her than DBA) (type	including accomp ect, and complete or managed by th AGENT* T* (typed or printed) ed or printed)	e and includes a	II property re d as the asse	ssee ir	n this statement	at 12:01 a.m. on Janua TE LE DERAL EMPLOYER ID NUMB	ry 1, 20 <u></u> .		



EF-577-R07-0518-16000641-3 BOE-577 (P3) REV. 07 (05-18)

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.

