_ MISCELLANEOUS PROPERTY STATEMENT

OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20____. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code section 463. This statement is not a public document. The information contained herein will be held secret by the Assessor (Code section 451); it can be

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



Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

2. LOCATION OF THE PROPERTY:

disclosed only to the district attorney, grand jury, and other agencies specified in code section 408. Attached schedules are considered to be part of the statement.						(File a separate statement for each location) Street Address			
_	ODRESS (Make necessary cor	ited name ar	nd mailing address.)	Cir	City				
Γ-						YOU OWN THE LAND AT THIS LOCATION?			
						es, is the name on you			
			corded as shown on this statement.						
					4. LC	CAL PHONE NUMBER	()		
					E-l	Mail Address (optional)		
I						RANS:			
						e you filing a claim for Yes DNo	veterans' exemption	n?	
angible property owned, c he year being reported. In	laimed, possessed, controlled ventories are exempt from ta	, or managed by yo xation and should i	u at this loca not be repor	ition at 12:01 a.m., Janu rted for 1980 and futui			or Votorans' Evompt	ion" form must be filed	
o not report property eligi					· "	th Assessor on or befo		ion form must be filed	
			DATE AC-				, , , , , , , , , , , , , , , , , , , ,	ASSESSOR'S	
DESC	CRIPTION OF PROPERTY		QUIRED	COST		REMARKS	USE ONLY		
5. SUPPLIES			XXXX						
6. EQUIPMENT			XXXX	XXXX					
a. Total cost of all equ	uipment held on January 1, la	st year	XXXX						
b. Equipment acquired since January 1, last year			XXXX	XXXX					
c. Equipment dispos	ed of since January 1, last year	r	XXXX	XXXX					
d. Total cost of all equ	uipment held on January 1, th	is year	XXXX						
7. OTHER (describe)									
8. BUILDINGS OR LEASEHOLD IMPROVEMENTS:			ONTH & YEA	AR.					
(describe additions ar	nd retirements in detail)								
NSTRUCTIONS:		<u>'</u>				TOTAL FULL			
ine 5. Enter the cost of you						VALUE			
	ns acquired or disposed of since d may be computed by adding t					gure to PERSONAL PROPERTY			
	ired, cost, and description of an	y other personal pro	perty at this l	ocation. Additional sheets may be at-					
tached. ine 8. Describe in detail and show the cost of all additions and retirements to your buildings, or to your leasehold improvements						FIXTURES (IMPROVEMENTS)			
the buildings of you		at were included in line 6	i.	,					
OWNERSTUR		DECLARATIO					PROCESSING D		
OWNERSHIP Note: The following declaration m TYPE (4) signed. If you do not do so, it ma						OPERATION	BY	DATE	
TYPE (4) signed. If you do not do so, it may resurrently I declare under penalty of perjury under the laws o				•	fornia that I	ANALYZED .			
have examined this property statement, including accompanying sche					schedules,	COMPUTED			
statements or other attachments, and to the best of my kno torporation statements or other attachments, and to the best of my kno torporation true, correct, and complete and includes all property rec						APPRAISED .			
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						REVIEWED			
		atement at 12:01		nuary 1, 20 ATE					
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*				AIC		POSTED TO:			
NAME OF ASSESSEE OR AUTHOR	RIZED AGENT* (typed or printed)		TI	TLE					
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)				FEDERAL EMPLOYER ID NUMBER		TAX AREA CODE:		_	
		I				BUS. CODE:			
PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()				TLE					

*Agent: see back for Declaration by Assessee instructions.

THIS STATEMENT SUBJECT TO AUDIT



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.