EF-577-R06-0516-21000959-1 BOE-577 (P1) REV. 06 (05-16)

AIRCRAFT PROPERTY STATEMENT



RICHARD N. BENSON Assessor-Recorder-County Clerk

COUNTY OF MARIN BUSINESS DIVISION P.O. Box C Civic Center Branch San Rafael, CA 94913 (415) 473-7208 www.marincounty.gov

Declaration	of costs	and other	related	property

information as of 12:01 a.m., January 1, 20____ FILE RETURN BY:

							,,-		
PLEASE NOTE: This form Assessor's office, regain Historical Aircraft Exemp if not filed. NAME AND MAILING A (Make necessary correct	rdless of tion Claim	the stat i. Penaltio	us of an es will app	ny oly	7	FOF	R ASSESSOR'S	S USE ONLY	
SECTION I: MUST BE COMPI	LETED ANN								
FAA REGISTRATION NUMBER		DAYTIME F	PHONE NUMBI	ER AIRC	RAFT LOCATION (AI	RPORT, HANGAR	OR TIE-DOWN	NUMBER)	
N		()							
MANUFACTURER		1	MODEL	,					YEAR BUILT
SERIAL NUMBER			PURCH	ASE DATE	PURCHASE PRIC	CE	DATE MOVE	ED TO THIS CO	YTNUC
					\$				
FOR AIRCRAFT PREVIOUSLY RE	GISTERED O	R ASSESSE	D IN ANOTHE	R CALIFORI	NÍA COUNTY, INDICA	ATE COUNTY NAM	E AND ASSES	SMENT YEAR	S
FIXED BASE OPERATOR NAME				LAST MAJO	OR AIRFRAME OVER	RHAUL DATE:	COST:		
AIRCRAFT CONDITION: WHEN PURCHASED NEV CURRENT NEV INTERIOR NEV EXTERIOR NEV	V GOO	OD DO	AVERAGE AVERAGE AVERAGE AVERAGE	POOR POOR POOR POOR	EQUIPMENT LE	ORY NO IF YES, SEE II EASED, EXCHAN NO IF YES, SEE II	IGED, ADDE	D OR RETIR	ED
EXTERNOT		, <u> </u>	10101	1 0010		110 11 120, 022 11	101110011011		TOOTILE CLL.
TYPE OF USAGE: PERSONAL/PLEASURE F	LIGHT TRAIN	ING REI	NTAL CHA	ARTER/TAXI	BUSINESS	FRACTIONAL OW	NERSHIP PRO	OGRAM SI	HOW/MUSEUM
IF YOU CHECKED CHART					N CARRIAGE MORE FERRY FLIGHTS OR			YES NO	
AVIONICS SUMMA	RY: REPORT				CS. DO NOT REPOR		DARD FACTO	RY AVIONICS.	
UNIT	ACQUISITION DATE		CONDITION	ASSESSOF USE ONLY	LINIT	ACQUISITI	ON COST NEW	CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR		1.2			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 FINE	DER			
LOCALIZER					DME DISTANCE MEASURING EQU	IPMENT			
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING	i			
AUTOPILOT NUMBER OF AXES					BOOTS				
FLIGHT DIRECTOR					HF TRANSCEIVERS	3			
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER NON-FACTO AVIONICS	DRY			

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



EF-577-R06-0516-21000959-2

BOE-577 (P2) REV. 06 (05-16)) SECTION 1: (continued)

PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

ENGINE(S) SINGLE LEFT RIGHT WAS MODEL WAS MODEL WAS ANALYSCURE WAS THANK BOTOR MANDER MAN	AIRFRAME HOURS:		1							
MODIE MASS NECE NEW MASS STATE ZIP CODE COUNTY		SINGLE	LEFT	RIGHT		FOR HELIC	COPTERS - HOURS SINC	PTERS - HOURS SINCE MAJOR OVERHAUL:		
MAST TRANSMISSION TAIL ROTOR TAIL RO	MAKE					ENGINE				
TRANSMISSION DRIVENHAT HOURS SINCE MEW HOURS SINCE MEMORY HOURS SINC	MODEL					MAST				
HOURS SINCE NEW HOURS SINCE MADE AND ADDRESS AND SERVICE PROGRAM: SERVOR MISCELLARGOUS HOURS SINCE MADE AND ADDRESS AND ADDRES	YEAR OF MANUFACTURE					WAGT	-			
HOURS SINCE NEW HOURS OVERHAUL (S (180) HOURS SINCE MIDLE SERVICE PROGRAM: YES NO NAME OF PROGRAM. SERVICE PROGRAM: YES NO NAME OF RESSESSES OR AUTHORIZED ABOND IN THE FALLS CALENDAR YEAR NAME OF RESSESSES OR AUTHORIZED ABOND IN THIS COUNTY STATE ZIP CODE COUNTY NAME OF RESSESSES OR AUTHORIZED ABOND IN THIS COUNTY STATE ZIP CODE COUNTY NOVERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. DOWNERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. NOVERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. DOWNERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. DOWNERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. DOWNERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. DOWNERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. DOWNERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. DOWNERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. DOWNERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. DOWNERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. DOWNERSHIP TYPE (20) NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES. DOWNERSHIP TYP	HORSEPOWER									
HOURS SINCE MAJOR OVERHAUL TIME RETIVERS OPERHAULS (TIO) INDURS SINCE MIDLE DATE OF ANDRO GERROUGHAUL ENGINE MAJOR OVERHAUL ENGINE MAJOR OVER VERNE ENGINE MAJOR OVER OVERHAUL ENGINE MAJOR OVER OVERHAUL ENGINE MAJOR OVER OVERHAUL ENGINE MAJOR OVER OVER OVER OVER OVER OVER OVER OV	HOURS SINCE NEW							BENDEO		
DATE OF MAJOR OVERHAUL DATE OF MAJOR OF GAR OVERHAUL ENGINE MAJOR OVER OVER OVER OVER OVER OVER OVER OV	HOURS SINCE MAJOR OVERHAUL									
DATE OF MAJOR OVERHAUL DATE OF LANDING GEAR OVERHAUL DATE OF LANDING GEAR OVERHAUL DATE OF LANDING GEAR OVERHAUL SECTION IT. COMPLETE IF FRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER ADDRESS CITY FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FOOD OR DONATED: DATE OF SALE STATE ZIP CODE COUNTY FR. MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) ADDRESS CITY STATE ZIP CODE COUNTY EXPLANATION ARRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT CITY 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 (2) PROPHERSHIP TYPE (2) PROPHERSHIP TYPE (2) PROPHERSHIP TYPE (3) PROPHERSHIP TYPE (3) PROPHERSHIP TYPE (3) PROPHERSHIP TYPE (3) PROPHERSHIP INFORMATION DESCRIPED UNDER PROPHER OF MAJOR OF PROPHER OF PROPHERS OF HEAD STATE WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (3) PROPHERSHIP	TIME BETWEEN OVERHAULS (TBO	0)								
DATE OF LANDING GEAR OVERHAUL ENGINE MAINTENANCE SERVICE PROGRAM: YES NO ENROLLMENT DATE: ENGILMENT DATE: ENGREMENT AND RESPERIMENTAL AIRCRAFT. ENTER EXACT DATE OF FIRST FLIGHT: SECTION IL COMPLETE IF FIRST TIME FILLION OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR MAME AND ADDRESS OF OWNER IT DIFFERENT FROM FAA REGISTERED OWNER. ADDRESS CITY STATE ZIP CODE COUNTY FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FOUND ON DONATED: DATE OF SALE SALE PRICE SALE PRICE STATE ZIP CODE COUNTY FIF. MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY REPAIRS FOR SALE IN TRANSIT TO: OTHER ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. FOWNERSHIP TYPE IS ILL, PLEASE ATTACH A LIST OF MEMBERS NAMED IS THE FOWNERSHIP TYPE IS ILL, PLEASE ATTACH A LIST OF MEMBERS NAMED IS THE FOWNERSHIP TYPE IS ILL, PLEASE ATTACH A LIST OF MEMBERS NAMED IS THE FOWNERSHIP TYPE IS ILL, PLEASE ATTACH A LIST OF MEMBERS NAMED IS THE FOWNERSHIP TYPE IS ILL, PLEASE ATTACH A LIST OF MEMBERS NAMED IS THE FOWNERSHIP TYPE IS ILL, PLEASE ATTACH A LIST OF MEMBERS NAMED IS THE FOWNERSHIP TYPE IS ILL, PLEASE ATTACH A LIST OF MEMBERS NAMED IS THE FOWNERSHIP TYPE IS ILL, PLEASE ATTACH A LIST OF MEMBERS NAMED IS THE CORPORATION BY ASSESSED ON AUTHORIZED AGENT (pyed or printed) NOTE: THE FORMER HAD ADDRESS (pyed or printed) FREPARER'S NAME AND ADDRESS (pyed or printed) TILLE NAME OF LEGAL ENTITY (sither than DBA) (typed or printed) TILLE FREPARER'S NAME AND ADDRESS (pyed or printed) TILLE TILLE THE PROVIDED TO THE TREST TILLE AND THE ACCURATION BY THE LIST OF THE TREST TILLE TO THE TILLE THE PROVIDE THAN THE ADDRESS (TO THE TILLE TO THE TILLE	HOURS SINCE MIDLIFE									
ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: CONTROL FOR PROGRAM: CONTROL FOR PROGRAM: CONTROL 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 COUNTY FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FAILE PRICE SALE	DATE OF MAJOR OVERHAUL									
NAME OF PROGRAM: OR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLICHT: SECTION II: COMPLETE IF PRIST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS DITY STATE ZIP CODE COUNTY F AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT F SOLD OR DONATED: DATE OF SALE NEW OWNER NAME ADDRESS DATE DESTROYED ABANDONED COUNTY F. MOVED JUNKED PARTED DESTROYED ABANDONED COUNTY F. MOVED JUNKED PARTED DESTROYED ABANDONED COUNTY F. MOVED STATE ZIP CODE COUNTY F. MOVED STATE ZIP CODE COUNTY F. MOVED JUNKED PARTED DESTROYED ABANDONED COUNTY F. MOVED STATE ZIP CODE COUNTY F. MOVED STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COU	DATE OF LANDING GEAR OVERHAL	UL								
NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER ADDRESS	NAME OF PROGRAM:				F FIF		DATE:			
STATE ZIP CODE COUNTY F AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT F SOLD OR DONATED: DATE OF SALE SALE PRICE SALE PRICE SALE SALE PRICE SALE PRICE SALE PRICE SALE STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY F: MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE NOTHER: ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (3) PROPRIEDSTHIP TYPE (3) NOWNERSHIP TYPE (3) Propriedsorship Controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 LOCATION BY MASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TILLE PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TILLE TILL					THE	LAST CALEND	DAR YEAR			
F AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT F SOLD OR DONATED: DATE OF SALE SALE PRICE S ADDRESS STATE ZIP CODE COUNTY F: MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORTIFEO WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: 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 (IZ) Proprietorship Or STATE Call of the State of Callfornia that I have examined this propen statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief propenty required to be reported which is owned, claimed, possessed on the State of Callfornia that I have examined this propen statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief propenty 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 NAME OF ASSESSEE OR AUTHORIZED AGENT' (hyped or printed) FEDERAL EMPLOYER ID NUMBER TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE T	NAME	<u> </u>		ADDRESS						
F AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT F SOLD OR DONATED: DATE OF SALE SALE PRICE S ADDRESS STATE ZIP CODE COUNTY F: MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORTIFEO WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: 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 (IZ) Proprietorship Or STATE Call of the State of Callfornia that I have examined this propen statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief propenty required to be reported which is owned, claimed, possessed on the State of Callfornia that I have examined this propen statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief propenty 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 NAME OF ASSESSEE OR AUTHORIZED AGENT' (hyped or printed) FEDERAL EMPLOYER ID NUMBER TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE T	OITV				OTAT					
SALE PRICE SALE WOWNER NAME CITY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY AIRPORT/FBO WHERE NORMALLY KEPT CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: 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 (IZ) PROPRIED ON HOR OF ASSESSEE OR AUTHORIZED AGENT OF A LIST OF MEMBERS IN THE O'R INFORMATION YOU FEEL WOULD SSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. DECLARATION BY ASSESSEE 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 perjuy under the laws of the State of California that I have examined this propert statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is une, correct, and complete and includes all property required to be reported which is owned, claimed, possessed on the statement of the best of my knowledge and belief is une, correct, and complete and includes all property required to be reported which is owned, claimed, possessed on the statement at 12:01 a.m. on January 1, 20 ITILE NAME OF ASSESSEE OR AUTHORIZED AGENT (hyped or printed) FEDERAL EMPLOYER ID NUMBER TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TELEPHONE NUMBER TITLE TITLE	UIIY				SIAI	E ZIP CODE	COUNTY			
SALE PRICE SALE WOWNER NAME ADDRESS CITY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY AIRPORT/FBO WHERE NORMALLY KEPT CITY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: CITY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: CITY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: CITY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: CITY OTHER: ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (SI) Proprietorship Or Power of the following declaration must be completed and signed. If you do not do so, it may result in penalties. J certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this propert statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed of the controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed) TITLE NAME OF LEGAL ENTITY (other then DBA) (typed or printed) TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE THE PROVE NUMBER THE PROVE NU	F AIRCRAFT WAS SOLD. ATTA	CH A COMPLETE COPY (OF THE SAL	ES CONTRACT						
ADDRESS STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY F: MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) COUNTY STATE ZIP CODE COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE INTRANSIT TO: OTHER: 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 (SI) Proprietorship Corporation of the statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed other controlled, or managed by the person named as the assessee in this statement at 12.01 a.m. on January 1, 20 NAME OF ASSESSEE OR AUTHORIZED AGENT* (()) TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TELEPHONE NUMBER TITLE TOWNTY TITLE TITLE TITLE TOWNTY TITLE TITLE TITLE TOWNTY TITLE TITLE TITLE TITLE TOWNTY TITLE TITLE TOWNTY TITLE TITLE TOWNTY TITLE TOWNTY TITLE TOWNTY TITLE TOWNTY TITLE TOWNTY	<u> </u>		0/1_	1						
F: MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORTIFBO WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY HANGAR/TIE-DOWN NO. CITY STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: 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. OWNERSHIP TYPE (2) Proprietorship Cectary (or declare) under penalty of perjuny under the laws of the State of California that I have examined this propent statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, cornect, and complete and includes all property required to be reported which is owned, claimed, possessed in this statement at 12:01 a.m. on January 1, 20 NAME OF ASSESSEE OR AUTHORIZED AGENT* NAME OF ASSESSEE OR AUTHORIZED AGENT* PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TILLE TILLE TILLE TELEPHONE NUMBER TILLE TILLE TILLE TELEPHONE NUMBER TILLE TILLE TILLE TELEPHONE NUMBER TILLE TILLE TELEPHONE NUMBER TILLE										
PREPARER'S NAME AND ADDRESS (typed or printed) COUNTY COUNTY	NEW OWNER NAME			ADDRESS						
DATE NEW LOCATION (IF MOVED) COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: 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. COWNERSHIP TYPE (2) DECLARATION BY ASSESSEE 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 perjury under the laws of the State of California that I have examined this propert statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required which is owned, claimed, possessed other controlled, or managed by the person named as the assessee in this statement at 12.01 a.m. on January 1, 20 NAME OF ASSESSEE OR AUTHORIZED AGENT* DATE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TELEPHONE NUMBER TITLE TITLE	CITY				STAT	E ZIP CODE	COUNTY			
DATE NEW LOCATION (IF MOVED) COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: 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 (2) Proprietorship 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 perjury under the laws of the State of California that I have examined this propert statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required 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 NAME OF ASSESSEE OR AUTHORIZED AGENT* DATE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TELEPHONE NUMBER TITLE	F: MOVED JUNKED	PARTED DESTR	OYED .	ABANDONED						
AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: 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 (ZI) Proprietorship Corporation Corporation In Corporation Corporation Corporation Corporation Corporation Corporation Corporation 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* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TILLE TELEPHONE NUMBER TITLE TITLE HANGARTIE-DOWN NO. COUNTY HANGARTIE-DOWN NO. HANGARTIE-DOWN NO. COUNTY HANGARTIE-DOWN NO. COUNTY HANGARTIE-DOWN NO. COUNTY HANGARTIE-DOWN NO. COUNTY COUNTY DOTHER: ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (ZI) POTHER: NOTE: DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. If ownership reperts the laws of the State of California that I have examined this propert statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed 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) TITLE TITLE TITLE TITLE TITLE			· · · · · · · · · · · · · · · · · · ·				COUNTY			
AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: 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 (ZI) Proprietorship Corporation Corporation In Corporation Corporation Corporation Corporation Corporation Corporation Corporation 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* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TILLE TELEPHONE NUMBER TITLE TITLE HANGARTIE-DOWN NO. COUNTY HANGARTIE-DOWN NO. HANGARTIE-DOWN NO. COUNTY HANGARTIE-DOWN NO. COUNTY HANGARTIE-DOWN NO. COUNTY HANGARTIE-DOWN NO. COUNTY COUNTY DOTHER: ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (ZI) POTHER: NOTE: DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. If ownership reperts the laws of the State of California that I have examined this propert statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed 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) TITLE TITLE TITLE TITLE TITLE										
AIRPORT/FBO WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: 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 (Z) DECLARATION BY ASSESSEE 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 perjury under the laws of the State of California that I have examined this propert statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief 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) FEDERAL EMPLOYER ID NUMBER TITLE TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TITLE TITLE TITLE TITLE	EXPLANATION									
AIRPORT/FBO WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: 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 (S) DECLARATION BY ASSESSEE 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 perjury under the laws of the State of California that I have examined this propert statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief 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) FEDERAL EMPLOYER ID NUMBER TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TITLE TITLE TITLE TITLE										
CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: 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 (S) Proprietorship Partnership Corporation Statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief 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 NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE TITLE TELEPHONE NUMBER TITLE TITLE TITLE TELEPHONE NUMBER TITLE TITLE							HANGAR/TIE-DOV	VN NO		
CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE OTHER: 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 (ID) Proprietorship Corporation Statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed on 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) PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE	AIR OR IN BO WHERE NORWAL	LLI NLI I					TIANOAN TIE-DOV	VIVIVO.		
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 (Z) Proprietorship Partnership Corporation Corporation Other Cother Cother DECLARATION BY ASSESSEE 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 perjury under the laws of the State of California that I have examined this propent statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesses on 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 PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TITLE TITLE TITLE	CITY				STAT	E 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 (Z) Proprietorship Partnership Corporation Corporation Other Cother Other DECLARATION BY ASSESSEE 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 perjury under the laws of the State of California that I have examined this propent statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesses on 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 PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TITLE TITLE TITLE	CLIECK DE ACON AIDCDAET IC		/ DEDAI	DC Top ou 5		IN TOANOIT TO				
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 (V) Proprietorship Partnership Corporation Other Other Other Other Other NAME OF ASSESSEE OR AUTHORIZED AGENT* NAME OF LEGAL ENTITY (other than DBA) (typed or printed) PREPARER'S NAME AND ADDRESS (typed or printed) TILE	CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE				=					
IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. OWNERSHIP TYPE (☑) Proprietorship Partnership Corporation Other Other SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* NAME OF LEGAL ENTITY (other than DBA) (typed or printed) PREPARER'S NAME AND ADDRESS (typed or printed) IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. DECLARATION BY ASSESSEE 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 perjury under the laws of the State of California that I have examined this proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed on this statement at 12:01 a.m. on January 1, 20 DATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE TELEPHONE NUMBER TITLE	ATTACH STATEMENT	DECADDING ANV AD	DITIONAL	INIEODMATIONI V			SCIET HE IN VALUING	VOLID AIDCDAET		
Proprietorship Partnership Corporation Other 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 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 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) FEDERAL EMPLOYER ID NUMBER TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TILE TITLE TITLE TITLE TITLE	ATTACITSTATEMENT							TOUR AIRCRAIT.		
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 ()	Proprietorship Partnership Corporation Other Proprietorship I ce state is tr conti	rtify (or declare) under ement, including accom rue, correct, and comp trolled, or managed by ti	penalty of panying sch lete and in	must be comple perjury under the nedules, statemen icludes all prope	ted and laws to or of the laws to or of the laws	nd signed. If you of the State of the State of the stachment of the result of the statement of this statement.	ou do not do so, it may f California that I have ts, and to the best of m eported which is owne t at 12:01 a.m. on Janua	examined this property y knowledge and belief it ed, claimed, possessed,		
NAME OF LEGAL ENTITY (other than DBA) (typed or printed) PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()	SIGNATURE OF ASSESSEE OR AUTH	HORIZED AGENT*				1	DATE			
NAME OF LEGAL ENTITY (other than DBA) (typed or printed) PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()	NAME OF ACCESSES OF A STUGETS	CD ACENTY 4								
PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()	NAME OF ASSESSEE OR AUTHORIZ	ED AGENT* (typed or printed)				1	IIILE			
()	NAME OF LEGAL ENTITY (other than	DBA) (typed or printed)				F	FEDERAL EMPLOYER ID NUM	MBER		
E MAIL ADDRESS	PREPARER'S NAME AND ADDRESS ((typed or printed)		TELEPHO /	NE NU	MBER 1	TITLE			
	E MAIL ADDDESS			()					

*AGENT: SEE INSTRUCTIONS FOR DECLARATION BY ASSESSEE. 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 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-R06-0516-21000959