EF-577-R07-0518-34000503-1 BOE-577 (P1) REV. 07 (05-18)

## AIRCRAFT PROPERTY STATEMENT

FILE RETURN BY: \_\_\_\_\_



# **CHRISTINA WYNN** SACRAMENTO COUNTY ASSESSOR

AIRCRAFT SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0740 FAX (916) 875-0735 https://assessor.saccounty.gov

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

PLEASE NOTE: This forr Assessor's office, regardl Aircraft Exemption Claim	ess of the st	tatus of a	ny Historic	al							
NAME AND MAILING (Make necessary corre	ADDRESS			٦	FOR A	SSESSOR'S	S USE ONLY				
∟ SECTION I: MUST BE COMPI	LETED ANNU	JALLY									
1. FAA REGISTRATION NUMBER		DAYTIME PH	HONE NUMBE	R AIRCR	CRAFT LOCATION (AIRPORT, HANGAR OR TIE-DOWN NUMBER)						
MANUFACTURER			MODEL					,	YEAR BUILT		
SERIAL NUMBER			PURCHA	SE DATE	PURCHASE PRICE		DATE MOVED TO THIS COUNTY				
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OF	RASSESSED	IN ANOTHER	R CALIFORN	'	COUNTY NAME	AND ASSES	SMENT YEAR:	S		
FIXED BASE OPERATOR NAME				LAST MAJO	R AIRFRAME OVERHAU		COST:				
2. AIRCRAFT CONDITION:											
WHEN PURCHASED NEV	V GOO	D	VERAGE	POOR	DAMAGE HISTORY	•					
CURRENT NEV	V G00	D	VERAGE [	POOR	YES NO	IF YES, SEE INS	TRUCTIONS	S AND ATTACH	H STATEMENT.		
INTERIOR NEV	v goo	D	VERAGE [	POOR	EQUIPMENT LEAS	•	•				
EXTERIOR NEV	V GOO	D	VERAGE [	POOR	YESNO	IF YES, SEE INS	TRUCTIONS	S AND ATTACH	H SCHEDULE.		
3. TYPE OF USAGE:  PERSONAL/PLEASURE FLIGHT TRAINING RENTAL CHARTER/TAXI BUSINESS FRACTIONAL OWNERSHIP PROGRAM SHOW/MUSEUN  IF YOU CHECKED CHARTER/TAXI, DO YOU USE THE AIRCRAFT IN COMMON CARRIAGE MORE THAN 50% OF THE TIME? YES NO  NOTE: COMMON CARRIAGE DOES NOT INCLUDE FERRY FLIGHTS OR PART 91 OWNER FLIGHTS.  4. AVIONICS SUMMARY: REPORT ONLY ADDED OR REPLACED AVIONICS. DO NOT REPORT ORIGINAL STANDARD FACTORY AVIONICS.  FOR CONDITION, PLEASE ENTER (N) NEW, (A) AVERAGE, (P) POOR.											
UNIT	ACQUISITION DATE	COST	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	N AVOIDANCE SYSTEM				VLF VERY LOW FREQUENCY						
NAVCOM #1					PHONE						
NAVCOM #2					RADAR						
TRANSPONDER A C					LORAN						
GLIDESLOPE					ADF AUTOMATIC DIRECTION FINDER						
LOCALIZER					DME DISTANCE MEASURING EQUIPMENT						
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING						
AUTOPILOT NUMBER OF AXIS					BOOTS						
FLIGHT DIRECTOR					HF TRANSCEIVERS HIGH FREQUENCY						
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER NON-FACTORY AVIONICS						
	THE DECLA	RATION BY	Y ASSESSE	E ON PAGE	2 MUST BE COMP	LETED AND SI	GNED				



BOE-577 (P2) REV. 07 (05-18) **SECTION I: (continued)** 

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

## TOTAL AIRFRAME HOURS:  ## MODE  ## M	5.	ENGINE(S)	SINGLE	LEFT	-	RIGHT	-	6 TOT	A 1 A 1	DEDAME HOLL	DQ.		
FOR HELICOPTERS - HOURS SINCE MAJOR OVERHAUL: HOURS SINCE MAJOR OVERHAUL HOURS SINCE MAJOR OVERHAUL HOURS SINCE MAJOR OVERHAUL THE SETWENT HOURS SINCE MAJOR OVERHAUL THE SETWENT HOURS SINCE MAJOR OVERHAUL HOURS SINCE MAJOR OVERHAUL THE SETWENT HOURS SINCE MAJOR OVERHAUL THE SETWENT HOURS SINCE MAJOR OVERHAUL HOURS SINCE MAJOR OVERHAUL THE SETWENT HOURS HOURS HOURS HOURS SINCE MAJOR OVERHAUL THE SETWENT HURS THE SET		MAKE						0. 101/	AL AI	KEKAWE HOU	NJ		
FOR RELCOPTERS - HOURS SINCE MAJOR OVERSHALL   MAIN ROTOR   MAIN ROTOR   MAJOR ROTOR		MODEL											
HORSEPOWER   MAN ROTOR   MAN		YEAR OF MANUFACTURE							FLICOR	CONTERO HOURS ON SE MA LOS CUESTO			
HOURS SINCE NEW HALA ASSESSED HALA ASSEMBLY HOURS SINCE MADE THAN ASSESSED HALA ASSEMBLY HOURS SINCE MADE THAN ASSESSED HALA ASSEMBLY HOURS SINCE MADE THAN ASSESSED HALA SOUR DIRECTION TO COUNTY THAN ASSISTED THAN ASSESSED HALA SOUR DIRECTION TO COUNTY THAN ASSISTED HALA SOUR DIRECTION TO COUNTY THAN ASSISTED HALA SOUR MADE OF HADRONG OVERHAUL BAT OF HADRONG CORRECTION TO 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 AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER NAME AND ADDRESS OF OWNER IN DIFFERENT FROM FAA REGISTERED OWNER NAME AND ADDRESS OF OWNER NAME AND ADDRESS OF OWNER IN DIFFERENT FROM FAA REGISTERED OWNER NAME AND ADDRESS OF OW		HORSEPOWER							ELICUP				
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DATE OF MAJOR OVERHAUL  DATE OF LANDING GEAR OVERHAUL  SECTION IT: COMPLETE IF FIRST TIME FILLING 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  FARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED  DATE OF SALE  SALE PRICE  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FOUNDERS OF OWNER NAME  COUNTY  FOUNDERS OF THE OVER A COUNTY  CITY  STATE ZIP CODE  COUNTY  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.  FOUNDERSHIP TYPE (2)  Propriets hip  OVENERSHIP TYPE (2)  Propriets hip  COUNTY OF THE HAMSE OF THE AIRCRAFT OF THE AIRCRAFT AND ALL IST OF MEMBER'S NAME.  NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  FOUNDERSHIP TYPE (2)  Propriets of ABSESSEE OR AUTHORIZED AGENT (paper) uprised by the person named as the assessee in this statements of 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, passessee (controlled, or managed by the person named as the assessee in this statements of 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, passessee (controlled, or managed by the person named as the assessee in this statements of other attachments, and to the best of my knowledge and belief it is		TIME BETWEEN OVERHAULS (TBO)						TAIL ROTOR					
DOTE OF LANDING GEAR OVERHALL  ENGINE MAINTENANCE SERVICE PROGRAM: VES NO  ENROLLMENT DATE:  FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT:  SECTION II: COMPLETE IF FIRST TIME FLING 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  FOLD OR DONATED:  DATE OF SALE  SALE PRICE  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FIRST MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FOLD OR DONATED:  ARROPATIFED WHERE NORMALLY BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY:  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY:  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE (C)  N		HOURS SINCE MIDLIFE									BLADES		
ENGINE MAINTENANCE SERVICE PROGRAM:   YES   NO		DATE OF MAJOR OVERHAUL						SERVOS		MISCELLANEOUS			
NAME OF PROGRAM:  FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT:  SECTION II: COMPLETE IF FIRST TIME FLING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME AND ADDRESS OF OWNER IP DIFFERENT FROM FAA REGISTERED OWNER  NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  FOUND DATE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  FIF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  COUNTY  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  CITY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  COUNTY  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 (S) PLOASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (S)  POTHERSHIP TYPE (S)  FOUND DESTROYED ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OR COUNTY ASSESSEE  NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Partnership  COUPD CORPORATOR OF ASSESSEE OR AUTHORIZED AGENT* (Typed or printer)  SENDATURE OF ASSESSEE OR AUTHORIZED AGENT* (Typed or printer)  TITLE  SETATE ZIP CODE  COUNTY  HANGARTIE-DOWN NO.  COUNTY  COUNTY  STATE ZIP CODE  COUNTY  HANGARTIE-DOWN NO.  COUNTY  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 (S)  OWNERSHIP TYPE (S)  FOUND ASSISTED AND AND ADDRESS SEE OR AUTHORIZED AGENT* (Typed or printer)  NOTE: The following declaration must be completed and signed which is owned which													
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FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE OF SALE  SALE PRICE							INEL	ASI CALEN	IDAK I	EAR			
IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED:  DATE OF SALE  SALE PRICE SALE NEW OWNER NAME  ADDRESS  OTTY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  FE   MOVED   JUNKED   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  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)  PROPERTIONS 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 property statement, including accompanying schedules, statements or other attachments, wondered and belief in 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' (Upped or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (Upped or printed)  TILE  PREPARER'S NAME AND ADDRESS (Upped or printed)	NA	ME			ADDRESS	3							
IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED:  DATE OF SALE  SALE PRICE SALE NEW OWNER NAME  ADDRESS  OTTY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  FE   MOVED   JUNKED   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  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)  PROPERTIONS 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 property statement, including accompanying schedules, statements or other attachments, wondered and belief in 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' (Upped or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (Upped or printed)  TILE  PREPARER'S NAME AND ADDRESS (Upped or printed)	CIT	·V					CTATE	ZID CODE		OOLINITY/			
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F:   MOVED	NE	W OWNER NAME			ADDRES	S							
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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 (Ø) 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 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, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  PREPARER'S NAME AND ADDRESS (typed or printed)  TILLE  TILLE  HANGAR/TIE-DOWN NO.  HANGGAR/TIE-DOWN NO.  HANGGAR/TIE-DOWN NO.  HANGGAR/TIE-DOWN NO.  HANGGAR/TIE-DOWN NO.  HANGGAR/TIE-DOWN NO.  HANGGAR/TIE-DOWN NO.  DOWNERSHIP TYPE: IZIP CODE  COUNTY  DECLARATION BY ASSESSEE  NOME: 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 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, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TILLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TILLE  PREPARE	DA	IE NEW LOCATION	(IF MOVED)							COUNTY			
AIRPORT/FBO WHERE NORMALLY KEPT    STATE   ZIP CODE   COUNTY	EX	PLANATION											
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 (2)  Proprietorship Declaration By Assesse  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 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, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  DATE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TILE  PREPARER'S NAME AND ADDRESS (typed or printed)  TILE  TELEPHONE NUMBER  TITLE													
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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 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.

### **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-R07-0518-34000503