EF-577-R05-0515-51000747-1 BOE-577 (P1) REV. 05 (05-15)

AIRCRAFT PROPERTY STATEMENT



1190 Civic Center Blvd. Yuba City, CA 95993

KATHY SCRIVEN

Phone: (530) 822-7160 Fax: (530) 822-7198

SUTTER COUNTY ASSESSOR

www.suttercounty.org/assessor

			_	-			-	-	_								_						-	
D	e	cl	ar	a	tic	n	of	cc	วร	ts	a	nd	0	th	er	re	ela	ate	ed	pr	or	e	rt۱	,

information as of 12:01 a.m., J	anuary 1, 20_			E-mail: assessor@co.sutter.ca.us							
FILE RETURN BY:											
PLEASE NOTE: This form Assessor's office, regal Historical Aircraft Exemp if not filed.	rdless of to tion Claim.	he statu	s of an	y							
NAME AND MAILING A (Make necessary corred		nted name ai	nd mailing ado	lress)	7	FOR AS	SSESSOR'S	S USE ONLY			
SECTION I: MUST BE COMP	LETED ANNU	IALLY									
FAA REGISTRATION NUMBER			HONE NUMBE	R AIRCR	AFT LOCATION (AIRPORT	, HANGAR OR	TIE-DOWN	NUMBER)			
MANUFACTURER		· /	MODEL					\	YEAR BUILT		
SERIAL NUMBER			PURCHA	SE DATE	PURCHASE PRICE	D	ATE MOVE	D TO THIS CO	YTNUC		
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSESSED) IN ANOTHER	R CALIFORN	' ·	UNTY NAME AI	ND ASSESS	SMENT YEAR	S		
FIXED BASE OPERATOR NAME				LAST MAJOR	R AIRFRAME OVERHAUL [DATE: C	OST:				
	W GOO W GOO W GOO SLIGHT TRAININ	D AND AND AND AND AND AND AND AND AND AN	IE AIRCRAFT	IN COMMON	BUSINESS FRAC	, EXCHANGE YES, SEE INST TIONAL OWNE 50% OF THE T	ED, ADDEI RUCTIONS RSHIP PRO IME?	O OR RETIR	ED		
	RY: REPORT C	NLY ADDED	OR REPLAC	ED AVIONIC	ERRY FLIGHTS OR PART (S. DO NOT REPORT ORIG) NEW, (A) AVERAGE, (P) F	SINAL STANDA		RY AVIONICS.			
UNIT	ACQUISITION DATE	COST	CONDITION	ASSESSOR USE ONLY	UNIT	ACQUISITION DATE	COST	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						
GLIDESLOPE					ADF AUTOMATIC DIRECTION FINDER						
LOCALIZER					DME DISTANCE MEASURING EQUIPMENT						
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING						
AUTOPILOT NUMBER OF AXES					BOOTS						

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

HF TRANSCEIVERS HIGH FREQUENCY

OTHER NON-FACTORY AVIONICS



FLIGHT DIRECTOR

EF-577-R05-0515-51000747-2

BOE-577 (P2) REV. 05 (05-15)) SECTION 1: (continued)

PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

SECTION IL COMPLETE IF FIRST TIME FILING OR IF ANY CHANCES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REIGISTERED OWNER NAME ADDRESS CITY 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 NEW OWNER NAME ADDRESS CITY STATE ZIP CODE COUNTY F: MOVED JUNKED PARTED DESTROYED ABANDONED COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY 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: REPAIRS FOR SALE IN TRANSIT TO: COTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: CONNERSHIP TYPE (2) FOWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. OWNERSHIP TYPE (2) FOWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. 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 properly statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, cornect, and complete and includes all properly required to be reported which is owned, claimed, possessed, conflict of the Conflict of MEMBERS NAMES. NOTE: The Collegal ENTITY (other than DBA) (typed or printed) FREPARER'S NAME AND ADDRESS (typed or printed)	AIRFRAME HOURS:		7					
MAST MAST MAST MAST MAST MAST MAST MAST	ENGINE(S)	SINGLE	LEFT	RIGHT		FOR HELI	COPTERS - HOURS SINC	E MAJOR OVERHAUL:
VARIED OF MANUFACTURE MASS						ENGINE		
INDUSES NICE NOW INDUSES NICE MANOR OVERHALL THE SETVEEN OVERHALDS (190) HOURS SINCE MANOR OVERHALL THE SETVEEN OVERHALDS (190) HOURS SINCE MANOR OVERHALL DATE OF JAMONE GREAT OVERHALL DATE OF JAMONE GREAT OVERHALL THE SETVEEN OVERHALDS (190) HOURS SINCE MANOR OVERHALL DATE OF JAMONE GREAT OVERHALL SECTION IF COMPLETE IF FIRST THE FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS CITY STATE JIP CODE COUNTY COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY. PREVAINATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY. STATE JIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY. STATE JIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY. STATE JIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY. STATE JIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY. STATE JIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY. STATE JIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY. STATE JIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY. STATE JIP CODE COUNTY CHECK THE OWNERSHIP! TYPE IS LLC, PLEASE ATTACH ALL STO F MEMBERS NAMES. DECLARATION BY ASSESSED WHEN CHEMPARY IS THE REPAIRS IN JAMES IN JAMES WAS IN THIS COUNTY. AND COUNTESHIP TYPE (IS) PROPRIEMED AND COUNTY OF THE WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF COUNTESHIP TYPE (IS) PROPRIEMED AND COUNTY OF THE WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF COUNTESHIP TYPE IS LLC, PLEASE ATTACH ALL SITE OF MINESHIP SHAPPEN AND COUNTY.						MAST		
INCIDES SINCE NEW HOURS SINCE MADE AND PARTED DESTROYED ABANDONED THE GRAPH NOT HABITUALLY BASED IN THIS COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY CEXTLANDARD WAS IN THIS COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY CHECK THE COUNTY OF THE SALES ATTACH A LIST OF MEMBERS NAMES. ONNERSHIP TYPE (2) Properitorially County (or declare) under penalty or periture is statement 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 expedited which is now correct, and complete and includes all property required to be required to be expedited which is our correct and complete and includes all property required to be required to be expedited which is our correct and complete and includes all property required to be reposi								
INDURS SINCE MAJOR OVERHAULS (TRO) MOURS SINCE MAJOR OVERHAULS DATE OF ROGRAM: ON THE PROPERTY OF MAJOR OVERHAULS DATE OF ROGRAM: ON THE PROPERTY OF MAJOR OVERHAULS SECTION IF COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR MAME 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 FOOLD OR DONATED: DATE OF SALE SALE PRICE STATE ZIP CODE COUNTY FI: MOVED JUNKED PREVIOUS MAJOR OVER NAME ADDRESS COUNTY STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS OF SALE ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD A SSIST US IN VALUING YOUR AIRCRAFT. FO WINNERSHIP TYPE (2) PROPINGENIND AND CONNERSHIP TYPE (2) PROPINGENIND NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties. NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties. NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties. NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties. NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties. NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties. NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties. NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties.								
TIME BETWEEN OVERHAULS (TIDO) HOURS ANNE MIGLIFE DATE OF MAND COPERHAUL DATE OF LANDING GEAR OVERHAUL ADDRESS CITY STATE ZIP CODE COUNTY F. ARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT F. SOLD OR DONATED: DATE ADDRESS CITY STATE ZIP CODE COUNTY F. MOVED JUNKED PARTIED DESTROYED ABANDONED COUNTY STATE ZIP CODE COUNTY F. MOVED JUNKED PARTIED DESTROYED ABANDONED COUNTY DATE NEW LOCATION (IF MOVED) ABANDONED ADDRESS 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. IF OWNERSHIP TYPE (1) PROPRIESSHIP TYPE (2) NOTE: COVINERSHIP TYPE (7) NOTE: MOVE CASES OF AUTHORIZED AGENT OF MARKED STANDING AND FEED AND FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (2) ADDRESS NOTE: COVINERSHIP TYPE (2) NOTE: MOVE CASES OF AUTHORIZED AGENT OF MARKED AND FEED						SERVOS	MISCELLANEOUS	
DATE OF ANDRE OVERHAUL DATE OF ANDRE OVERHAUL ENGINE MANDRO VERHAUL ENGINE MANDRO VERHAU								
DATE OF MAJOR OVERHAUL DATE OF LANDING GEAR OVERHAUL DATE OF LANDING GEAR OVERHAUL DATE OF LANDING GEAR OVERHAUL SECTION IT. COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IF DIFFERNT FROM TAR ARGISTERED OWNER SECTION IT. COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IF DIFFERNT FROM THAN ARGISTERED OWNER 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 SAL	, ,				_			
DATE OF LANDING GEAR OVERHAUL ENGINE MAINTENANCE SERVICE PROGRAM: YES NO ENROLL MENT DATE: POR HOMBEULT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT. SECTION IT, COMPLETE IF FIRST TIME FILING OR IF ANY CLANAGES WITHIN THE LAST CALENDAR YEAR NAME ADDRESS CITY STATE ZIP CODE COUNTY FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FOUND TO DATE SOLD OR DONATED: DATE OF SALE SALE PRICE SOLD OR DONATED: DATE OF SALE STATE ZIP CODE COUNTY FE: MOVED: JUNKED PARTED DESTROYED ABANDONED ABROVED JUNKED PARTED DESTROYED ABANDONED ABROVED ABANDONED ARRORAFT NOT HABITUALLY BASED IN THIS 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. IF OWNERSHIP TYPE (2) FOUNDERS DESTROYED DESTROYED DESTROYED ABANDONED OF THE SALE PRICE AND AIRCRAFT. IF OWNERSHIP TYPE (2) FOUNDERS AND ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (2) FOUNDERSHIP TYPE (3) FOR SALE DESTROYED DESCLARATION BY A SSESSEE NOW: The following declaration must be completed and signed, if you do not do so, it may result in penalties. JOHNER SHIP TYPE (2) Learling (or declare) under penalty of perjury under the laws of the State of California that I have examined this 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* (hyped or printed) TILE PREPARERS NAME AND ADDRESS (hyped or printed) TILE TO THE TILE								
ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: OF PRO								
ENROLLMENT DATE: OR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION IT: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME ADDRESS CITY STATE ZIP CODE COUNTY F AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT F SOLD OR DONATED: DATE NEW OWNER NAME ADDRESS CITY STATE ZIP CODE COUNTY F. INOVED JUNKED PARTED DESTROYED DATE NEW LOCATION (IF MOVED) COUNTY STATE ZIP CODE COUNTY F. MOVED JUNKED PARTED DESTROYED DATE NEW LOCATION (IF MOVED) COUNTY STATE ZIP CODE COUNTY F. MOVED JUNKED PARTED DESTROYED ABANDONED AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: AIRPORTIFED WHERE NORMALLY KEPT COUNTESS COUNTESS OTHER ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (E) NOTE: NOTE: NOTE: NOTE: COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: AIRPORT WHERE NORMALLY KEPT HANGARTIE-DOWN NO. COUNTY COUNTY COUNTY COUNTY COUNTY HANGARTHE LA		ICE DDOCDAM.	IVEC N	0				
ADDRESS CITY FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT F SOLD OR DONATED: DATE OF SALE SALE PRICE STATE ZIP CODE COUNTY FF. MOVED JUNKED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORTIFEO WHERE NORMALLY KEPT HANGARTIE-DOWN NO. CITY STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE OHER: 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 IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. Proprietorship Controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20_ NATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (byped or printled) NAME OF LEGAL ENTITY (other than DBA) (byped or printled) TELEPHONE NUMBER TELEPHONE NUMBER TILLE TELEPHONE NUMBER TILLE TELEPHONE NUMBER TILLE TELEPHONE NUMBER TILLE TI	NAME OF PROGRAM: FOR HOMEBUILT, KIT, OR EXP SECTION II: COMPLETE IF FIR	ERIMENTAL AIRCR	AFT, ENTER	R EXACT DATE (OF FIRS	ST FLIGHT:		
TATTACH A COMPLETE COPY OF THE SALES CONTRACT FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FOSLID OR DONATED: DATE OF SALE SALE PRICE	NAME	IF DIFFERENT FROM	FAA KEGIST					
FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT IF SOLD OR DONATED: DATE OF SALE SALE PRICE SALE NEW OWNER NAME ADDRESS CITY STATE ZIP CODE COUNTY F:MOVEDJUNKEDPARTEDDESTROYEDABANDONED COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT CITY STATE ZIP CODECOUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRSFOR SALE IN TRANSIT TO:OTHER: ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (IF) Proprietorship I certify (or declare) under penalty of perjuny 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 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' (byped or printed) TITLE PREPARER'S NAME AND ADDRESS (lyped or printed) TITLE TELEPHONE NUMBER TITLE THE PROVED TO THE TITLE TO THE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE THE PROVED THE SALE SALE SALE SALE SALE SALE SALE SAL	·· ·							
SALE PRICE STATE ZIP CODE COUNTY COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY CITY STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PREPAIRS ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (3) NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties. PROTEINS OF ASSESSEE OR AUTHORIZED AGENT* NOTH THE OWNER SHIP TYPE (3) NOTH THE OWNER SHIP TYPE (3) PROTEINS OF ASSESSEE OR AUTHORIZED AGENT* NOTH THE OWNER SHIP TYPE (3) NOTH THE OWNER SHIP TYPE (3) PROTEINS OF ASSESSEE OR AUTHORIZED AGENT* NOTH THE OWNER SHIP TYPE (3) PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TELEPHONE NUMBER TITLE TITLE TITLE TITLE TITLE THE OWNER SHIP TYPE (1) PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE TITLE THE OWNER SHIP TYPE (1) THE OWNER SHIP	CITY				STATE	ZIP CODE	COUNTY	
NEW OWNER NAME ADDRESS CITY 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 NOT THERE ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (IS) POECLARATION BY ASSESSEE DECLARATION BY ASSESSEE Lertify (or declare) under penalty of perjury under the laws of the State of California that I have examined this 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* PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TITLE TITLE THE TITLE TI	IF AIRCRAFT WAS SOLD, ATTACH	A COMPLETE COPY	OF THE SALE	ES CONTRACT			1	
ADDRESS CITY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY EXPLANATION ARRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORTIFBO WHERE NORMALLY KEPT COUNTY 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 (SI) 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 required to be reported which is owned, claimed, possessed, ownfolked, 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) TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE THE TOWN YE TO THE TITLE TO	IF SOLD OR DONATED: DATE OF	SALE						
PREPARERS NAME AND ADDRESS (typed or printed) COUNTY ABANDONED COUNTY COUN	NEW OWNER NAME			ADDRESS				
DATE NEW LOCATION (IF MOVED) NEW LOCATION (IF MOVED) COUNTY	CITY				STATE	ZIP CODE	COUNTY	
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 (ID) Partnership Corporation Corporatio			ROYED A	ABANDONED			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 (SI) Proprietorship Partnership Corporation Other Other Other Other Other NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) REPAIRS FOR SALE IN TRANSIT TO: OTHER: DECLARATION BY ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (SI) 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 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, 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, other attachments 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) TILLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TILLE TILLE 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 (ID) Proprietorship Corporation In Corporation	AIRPORT/FBO WHERE NORMALLY	KEPT					HANGAR/TIE-DOV	VN NO.
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 Partnership Corporation Corporation Other 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 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* NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE TELEPHONE NUMBER TITLE TITLE	CITY				STATE	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 (ID) Proprietorship Partnership Corporation Corporation Other 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 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* NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE TELEPHONE NUMBER TITLE TITLE	CHECK REASON AIRCRAFT IS OR	WAS IN THIS COUNT	Y: REPAII	RS FOR SALE	11	N TRANSIT TO:		
OWNERSHIP TYPE (SU) Proprietorship Partnership Corporation Other SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* NAME OF LEGAL ENTITY (other than DBA) (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 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 DATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE TITLE TITLE TITLE TITLE						THER:		
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 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 NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ATTACH STATEMENT R							YOUR AIRCRAFT.
PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()	Proprietorship Partnership Corporation Other SIGNATURE OF ASSESSEE OR AUTHOR	y (or declare) under ent, including accom , correct, and comp led, or managed by RIZED AGENT*	r penalty of npanying sch plete and in the person n	must be comple perjury under the ledules, statement cludes all prope	ted and e laws ets or ot erty rec	d signed. If you of the State of the State of their attachment of the I	ou do not do so, it may of California that I have nts, and to the best of my reported which is owne nt at 12:01 a.m. on Janua DATE	examined this property y knowledge and belief it ed, claimed, possessed,
()	NAME OF LEGAL ENTITY (other than DB)	A) (typed or printed)					FEDERAL EMPLOYER ID NUM	MBER
E-MAIL ADDRESS	PREPARER'S NAME AND ADDRESS (type	ed or printed)		TELEPH(ONE NUN	//BER	TITLE	
	E-MAIL ADDRESS			(,			

*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-R05-0515-51000747