EF-577-R07-0518-51000528-1 BOE-577 (P1) REV. 07 (05-18)

FILE RETURN BY:

AIRCRAFT PROPERTY STATEMENT



1190 Civic Center Blvd.

Yuba City, CA 95993 Phone: (530) 822-7160 Fax: (530) 822-7198

SUTTER COUNTY ASSESSOR

www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

KATHY SCRIVEN

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

PLEASE NOTE: This form Assessor's office, regardle Aircraft Exemption Claim.	ess of the	status of a	any Histori	cal						
NAME AND MAILING (Make necessary corre	ADDRESS				٦	FORA	SSESSOR'	S USE ONLY		
└ SECTION I: MUST BE COMPI	LETED AN	NUALLY								
1. FAA REGISTRATION NUMBER		DAYTIME P	HONE NUMB	BER AIRCR	AFT LOCATION (AIRPO	RT, HANGAR OR	TIE-DOWN	I NUMBER)		
N MANUFACTURER		()	MODEL						VEAD DILLET	
WANUFACTURER			MODEL	-					YEAR BUILT	
SERIAL NUMBER			PURCH	ASE DATE	PURCHASE PRICE		DATE MOVED TO THIS COUNTY			
FOR AIRCRAFT PREVIOUSLY RE	CISTEDED	OD ASSESSE			S COUNTY INDICATE (CHINTY NAME A	ND ASSES	CMENT VEAD	2	
FOR AIRCRAFT PREVIOUSLY RE	GISTERED	UK ASSESSE	D IN ANOTHE	ER CALIFORN	IA COUNTY, INDICATE C	JOUNTY NAME A	IND ASSES	SWENT TEAR	3	
FIXED BASE OPERATOR NAME				LAST MAJO	R AIRFRAME OVERHAU	RHAUL DATE: COST:				
2. AIRCRAFT CONDITION:										
WHEN PURCHASED NEV	V GC	DOD	AVERAGE	POOR	DAMAGE HISTORY					
CURRENT NEV	V GC		AVERAGE	POOR	YES NO					
INTERIOR NEV	V GC	DOD	AVERAGE	POOR	EQUIPMENT LEASE	•				
EXTERIOR NEV	V GC	DOD	AVERAGE	POOR	YESNO	IF YES, SEE INS	TRUCTION	S AND ATTACI	H SCHEDULE.	
3. TYPE OF USAGE:										
IF YOU CHECKED CHART	ER/TAXI, DO		HE AIRCRAF				TIME?	YES NO	HOW/MUSEUN	
4. AVIONICS SUMMA	RY: REPOR				S. DO NOT REPORT OF) NEW, (A) AVERAGE, (F		RD FACTO	RY AVIONICS.		
UNIT	ACQUISITIO DATE		CONDITION	ASSESSOR	UNIT	ACQUISITION	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 AXIS					воотѕ					
FLIGHT DIRECTOR					HF TRANSCEIVERS					
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER NON-FACTORY AVIONICS					

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



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

PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

MAKE MODEL YEAR OF MANUFACTURE HOURS SINCE MAJOR OVERHAUL: HOURS SINCE MAJOR OVERHAUL TIME BETWEEN OVERHAULS (TIBD) HOURS SINCE MAJOR OVERHAUL DATE OF MAJOR OVERHAUL DATE OF MAJOR OVERHAUL ENGINE MAIN ROTOR HAUR SINCE MAJOR OVERHAUL DATE OF LANDING GEAR OVERHAUL ENGINE MAINTENANCE SERVICE PROGRAM: SERVICE PROGRAM: SECTION 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 OF PROGRAM: SECTION II: COMPLETE OF SALE SALE PRICE SALE PRICE SALE PRICE SALE PRICE SALE PRICE SALE SALE SALE SALE SALE SALE SALE SALE	5.	ENGINE(S)	SINGLE	LEFT	-	RIGHT	-	6. TOTAL AIRFRAME HOURS:					
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 HOURS HOURS HOURS HOURS SINCE MAJOR OVERHAUL THE SETWENT HURS HOURS HOURS HOURS HOURS HOURS HUR HE ALONS HOURS HOURS HOURS HUR HE ALONS HOURS HOURS HUR HE HAVE NO HE AND ADDRESS OF MAJOR OVER HUR HE ALONS SETTION H. COMPLETE HE FIRST THE FILLING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IF DIFFERNT FROM FAA REGISTERED OWNER NAME OF PRODUCT HE HE FIRST THE FILLING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IF DIFFERNT FROM FAA REGISTERED OWNER NAME TOTY STATE ZIP CODE COUNTY IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT IF SOLD OR DONATED: DATE NEW CONNERS HUR HE WAS ADDRESS CITY STATE ZIP CODE COUNTY FIF MOVED JUDINED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) CUTY STATE ZIP CODE COUNTY HANGARTIE DOWN NO. CUNTY 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 CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY REPAIRS FOR SALE IN TRANST TO. COVERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. ONNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. ONNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. ONNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. ONNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. ONNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. ONNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. ONNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. ONNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAME		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	OTEDS HOURS SINCE MA IOS OVERVAL"			
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 OWNER NAME AND ADDRESS OWNER NAME AND ADDRES		HORSEPOWER							ELICUP				
TIME SETWEN OVERHAULS (1800) TOWNSMICH MILLIPE DUTE OF MADON OVERHAUL DATE OF MADON OVERHAUL THAN STATE ZIP CODE COUNTY DATE OF MADON OVERHAUL THAN STATE ZIP CODE COUNTY DATE OF MADON OVERHAUL DATE OF MADON OVERHAUL THAN STATE ZIP CODE COUNTY DATE OF MADON OVERHAUL DATE OF MADON OVERHAUL THAN STATE ZIP CODE COUNTY DATE OF MADON OVERHAUL DATE OF MADON OVERHAUL THAN STATE ZIP CODE COUNTY DATE OF MADON OVERHAUL THAN STATE ZIP CODE COUNTY DATE OF MADON OVERHAUL THAN STATE ZIP CODE COUNTY DATE OF MADON OVERHAUL THAN STATE ZIP CODE COUNTY DATE OF MADON OVERHAUL THAN STATE ZIP CODE COUNTY DATE OF MADON OVERHAUL THAN STA		HOURS SINCE NEW						2.10.112					
TIME EFFWEEN OVERHALLS (FIGO) HOURS SINCE MILLION FOR MAJOR OVERHALL DATE OF MAJOR OVERHALL SECTION IL: 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 RAME 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		HOURS SINCE MAJOR OVERHAUL						MAST					
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 OWNERSHIP TYPE (2) Propriets hip COPPOSITION ARCRAFT OF MASSIES OF THE OWNER ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. FOUNDERSHIP TYPE (2) Propriets hip COPPOSITION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. FOUNDERSHIP TYPE (2) Propriets hip COPPOSITION AND AND ADDITIONAL OF DEPLINE AND AND ADDITIONAL OWNERSHIP TYPE (2) Propriets hip COPPOSITION AND ADDITIONAL OWNERSHIP TYPE (2) COPPOSITION AND ADDITIONAL OWNERSHIP TYPE (3) COPPOSITION AND ADDITIONAL OWNERSHIP TYPE (3) AN		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 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 DUNKED PARTED DESTROYED ABANDONED DATE NEW OWNER NAME ADDRESS CITY STATE ZIP CODE COUNTY FIRST DUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FISO WHERE NORMALLY KEPT CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: PEPAIRS FOR SALE IN TRANSIT TO: CHECK REASON AIRC		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. OUNCE: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Partnership Corporation Statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and helleft is true, correct, and complete and includes all property required to be reported which is some damped, possessed, controlled, or managed by the person named as the assessee in this statement at 12.01 a.m. on January 1, 20_ SEINATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE REPHARE SHAME AND ADDRESS (pyped or printed) TITLE FERPAREER'S NAME AND ADDRESS (pyped or printed) TITLE FERPAREER'S NAME AND ADDRESS (pyped or printed) TITLE FERPAREER'S NAME AND ADDRESS (pyped or printed)		DATE OF LANDING GEAR OVERHAUL											
SECTION 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	NA	ME OF PROGRAM:				DATE O			IT DAT	E:			
NAME ADDRESS STATE ZIP CODE COUNTY	_			*					IDABV	EAD			
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) PROPERIORS 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 with lawe 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) (typed or printed) TILE PREPARER'S NAME AND ADDRESS (typed 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) PROPERIORS 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 with lawe 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) (typed or printed) TILE PREPARER'S NAME AND ADDRESS (typed or printed)	CIT	·V					CTATE	ZID CODE		OOLINITY/			
SALE PRICE SALE PRICE SALE PRICE SALE PRICE SALE PRICE SADDRESS	CII	ĭ					SIAIE	ZIP CODE		COUNTY			
SALE PRICE SALE PRICE P		JRCRAFT WAS SOLD ATTACH A C	OMPLETE COPY O	F THE SALE	S CONTR	ACT							
NEW OWNER NAME ADDRESS COUNTY ABANDONED COUNTY ABANDONED COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY BANDAGE OF LEGAL ENTITY (other than DBA) (typed or printed) TILE TILE ADDRESS ADDRESS AND AIRCRAFT IN THIS COUNTY ABANDONED COUNTY BANDAGE OF LEGAL ENTITY (other than DBA) (typed or printed) TILE TILE ADDRESS AND AIRCRAFT IN THIS COUNTY ADDRESS AND AIRCRAFT IN THIS COUNTY AND AIRCRAFT IN THIS COUNTY ADDRESS AND AIRCRAFT IN THIS COUNTY AND AIRCR													
IF: MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT 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 LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. OWNERSHIP TYPE (2) Proprietorship 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 to be reported abine in sower, 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 (dirner than DBA) (typed or printed) TELEPHONE NUMBER TITLE					_								
F: MOVED	NE	T T T T T T T T T T T T T T T T T T T											
DATE NEW LOCATION (IF MOVED) 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 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 DICORDATION 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 SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (Typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	CITY						STATE ZIP CODE			COUNTY			
DATE NEW LOCATION (IF MOVED) 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 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 DICORDATION 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 SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (Typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	IE:			0)(50 🗆									
AIRCRAFT NOT HABITUALLY BASED IN THIS 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 (IZ) POPPLY ETAIL ALIST OF MEMBERS NAMES. OWNERSHIP TYPE (IZ) POPPLY 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 SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (byped or printed) PREPARER'S NAME AND ADDRESS (typed or printed) TILLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TELEPHONE NUMBER TILLE TILLE HANGARTIE-DOWN NO. HANGARTIE-DOWN NO. HANGARTIE-DOWN NO. HANGARTIE-DOWN NO. DATE HANGARTIE-DOWN NO. DOWNERSHIP TYPE COUNTY 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 at 12:01 a.m. on January 1, 20 SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (byped or printed) FEDERAL EMPLOYER ID NUMBER TILLE TILLE PREPARER'S NAME AND ADDRESS (typed or printed)				JYED	ABANDON					OOLINITY/			
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													
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 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 LEGAL ENTITY (other than DBA) (typed or printed) TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TILLE TITLE TITLE	AIRPORT/FBO WHERE NORMALLY KEPT						HANGAR/TIE-DOWN NO.						
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) Poprietorship Partnership Incorporation Inco	CITY						STATE ZIP CODE			COUNTY			
OTHER: ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (IZ) Proprietorship Dartnership Corporation Corporati													
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. 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 SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBER TITLE TILLE PREPARER'S NAME AND ADDRESS (typed or printed) TILLE TELEPHONE NUMBER TITLE	CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT 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. 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 SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBER TITLE TILLE PREPARER'S NAME AND ADDRESS (typed or printed) TILLE TELEPHONE NUMBER TITLE													
OWNERSHIP TYPE (SZ) Proprietorship Partnership Corporation Other 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 LEGAL ENTITY (other than DBA) (typed or printed) PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE TITLE											OUR AIRCRAFT.		
Proprietorship Partnership Corporation Other 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) TELEPHONE NUMBER TITLE TITLE													
Partnership Corporation Other 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) TELEPHONE NUMBER TITLE TITLE	0	WNERSHIP TYPE (☑)			DE	CLARA	TION	BY ASSES	SEE				
Corporation Other 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 ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TELEPHONE NUMBER TITLE TITLE	Pı	oprietorship Note	: The following d	eclaration	must be	complet	ed and	l signed. If y	ou do	not do so, it may r	esult in penalties.		
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* NAME 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) 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 LEGAL ENTITY (other than DBA) (typed or printed) TITLE TELEPHONE NUMBER TITLE													
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) FEDERAL EMPLOYER ID NUMBER TITLE TITLE TITLE		statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it											
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) FEDERAL EMPLOYER ID NUMBER TITLE TITLE TELEPHONE NUMBER TITLE	_	is true, co											
NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBER PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()	SIC	NATURE OF ASSESSEE OR AUTHORIZE		ie person ni	anieu as i	ine asse	3300 11	i iiiis sialeiiie		2.01 a.iii. Oii Jailuai	y 1, 20		
NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBER PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()	>												
PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()	NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)							TITLE					
()	NA	NAME OF LEGAL ENTITY (other than DBA) (typed or printed)							FEDERAL EMPLOYER ID NUMBER				
E-MAIL ADDRESS	PREPARER'S NAME AND ADDRESS (typed or printed)					TELEPHO	NE NUM	BER	R TITLE				
	E-N	MAIL ADDRESS					/		-				

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-R07-0518-5100052