# AIRCRAFT PROPERTY STATEMENT

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



James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

#### FILE RETURN BY:

PLEASE NOTE: This form must be filed timely with the Assessor's office, regardless of the status of the Historical Aircraft Exemption Claim. Penalties will apply if not filed.

#### NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) FOR ASSESSOR'S USE ONLY SECTION I: MUST BE COMPLETED ANNUALLY DAYTIME PHONE NUMBER AIRCRAFT LOCATION (AIRPORT, HANGAR OR TIE-DOWN NUMBER) FAA REGISTRATION NUMBER Ν MANUFACTURER MODEL YEAR BUILT SERIAL NUMBER PURCHASE DATE PURCHASE PRICE DATE MOVED TO THIS COUNTY \$ FOR AIRCRAFT PREVIOUSLY REGISTERED OR ASSESSED IN ANOTHER CALIFORNIA COUNTY, INDICATE COUNTY NAME AND ASSESSMENT YEARS FIXED BASE OPERATOR NAME LAST MAJOR AIRFRAME OVERHAUL DATE: COST \$ **AIRCRAFT CONDITION:** DAMAGE HISTORY NEW GOOD **AVERAGE** POOR WHEN PURCHASED YES NO IFYES, SEE INSTRUCTIONS AND ATTACH STATEMENT. NEW GOOD AVERAGE POOR CURRENT EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED NEW POOR **AVERAGE** INTERIOR GOOD NEW **AVERAGE** YES NO IF YES, SEE INSTRUCTIONS AND ATTACH SCHEDULE. GOOD POOR EXTERIOR TYPE OF USAGE: PERSONAL/PLEASURE 🔄 FLIGHT TRAINING 🔤 RENTAL 📄 CHARTER/TAXI BUSINESS FRACTIONAL OWNERSHIP PROGRAM SHOW/MUSEUM IF YOU CHECKED CHARTER/TAXI, DO YOU USE THE AIRCRAFT IN COMMON CARRIAGE MORE THAN 50% OF THE TIME? VES NO

NOTE: COMMON CARRIAGE DOES NOT INCLUDE FERRY FLIGHTS OR PART 91 OWNER FLIGHTS. AVIONICS SUMMARY: REPORT ONLY ADDED OR REPLACED AVIONICS. DO NOT REPORT ORIGINAL STANDARD FACTORY AVIONICS.

UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY	UNIT	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					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			
FLIGHT DIRECTOR					HF TRANSCEIVERS HIGH FREQUENCY			
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



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

BOE-577 (P2) REV. 04 (05-14) <u>SECTION 1: (continued)</u>

LAKE       Image:	AIRFRAME HOURS:							
NOTE:       ILLADES       ILLADES       ILLADES       ILLADES         VEAL OF MAULEACTURE       ILLADES       ILLADES       ILLADES       ILLADES         INDESEPORTS       ILLADES       ILLADES       ILLADES       ILLADES         INDESEPORTS       ILLADES       ILLADES       ILLADES       ILLADES         INDURS SINCE MUNCH       ILLADES       ILLADES <th>ENGINE(S)</th> <th>SINGLE</th> <th>LEFT</th> <th>RIGHT</th> <th colspan="4">FOR HELICOPTERS - HOURS SINCE MAJOR OVERHAUL:</th>	ENGINE(S)	SINGLE	LEFT	RIGHT	FOR HELICOPTERS - HOURS SINCE MAJOR OVERHAUL:			
YEAR OF MANUFACTURE       MAST					ENGINE			
INDURS SINCE NEW       IDDURS SINCE MARCH OVERHALL       IDDUR					MAST			
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HOURS SINCE MADRO OVERHAUL	HOURS SINCE NEW							
INDURS SINCE MIDLIFE	HOURS SINCE MAJOR OVERHAUL							
DATE OF MADIR: GEAR OVERHAUL	TIME BETWEEN OVERHAULS (TBO)				_			
DATE OF LANDING GEAR OVERHALL	HOURS SINCE MIDLIFE							
INGINE MAINTENANCE SERVICE PROGRAM:       YES       NO         VAME OF PROGRAM:       ENROLLMENT DATE:       ENROLLMENT DATE:         YAME OF PROGRAM:       ENROLLMENT DATE:       ENROLLMENT DATE:         YAME OF PROGRAM:       FIRST FUEL FIRST TIME FILING ON F ANY CHANGES WITHIN THE LAST CALENDAR YEAR         YAME       ADDRESS       COUNTY         STATE       STATE IP FORST TIME FILING ON F ANY CHANGES WITHIN THE LAST CALENDAR YEAR         YAME       ADDRESS       COUNTY         FARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT       FOODRESS         FOUD ON DONATED:       DATE OF SALE       \$ SALE PRICE         Y       STATE       ZIP CODE       COUNTY         F:       MOVED       JUNKED       PARTED       DOBTROYED         Y       STATE       ZIP CODE       COUNTY         F:       MOVED       JUNKED       PARTED       DESTROYED       ABANDONED         STATE       NEW LOCATION JE BOUNTY       COUNTY       COUNTY       COUNTY         FREVARCH NOT HABITUALLY BASED IN THIS COUNTY       INTRANSIT TO:       COUNTY         CRECART NOT HABITUALLY BASED IN THIS COUNTY       REPARTES NAMES.       COUNTY         HECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       REPARTES NAMES.       COUNTY <t< td=""><td>DATE OF MAJOR OVERHAUL</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	DATE OF MAJOR OVERHAUL							
NAME OF PROCRAM:       ENROLLMENT DATE:         OPEN HOUSEDUIT, NTL OR EXPERIMENTAL ARCRAFT ENTER EXACT DATE OF FIRST ELINE (LINENT DATE)         SECTION I: COMPLETE IF FIRST TIME FLING OR F. ANY CHANGES WITHIN THE LAST CALENDAR YEAR         SECTION I: COMPLETE IF FIRST TIME FLING OR F. ANY CHANGES WITHIN THE LAST CALENDAR YEAR         VAME         VAME         STATY         STATY         FARCRAFT WAS SOLD, ATTACH & COMPLETE COPY OF THE SALES CONTRACT         F SOLD OR DONATED:         DATE OF SALE         VEW OWNER NAME         INTY         FILED OR DONATED:         DATE OF SALE         STATY         STATE         INTERD OR DONATED:         DATE OR DONATED:	DATE OF LANDING GEAR OVERHAUL	-						
COR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT.         SECTION II: COMPLETE IF FROM TIRO OR IF ANY OF ANALGES WINTIN THE LAST CALENDAR YEAR         VAME       IADDRESS         STATE       ISTATE ZIP CODE       COUNTY         F AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT.       FOOD OD ONATED:       DATE OF SALE       ISTATE ZIP CODE       COUNTY         F AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT.       FOOD OD ONATED:       DATE OF SALE       ISTATE ZIP CODE       COUNTY         F:       MOVED       PARTED       ISTATE ZIP CODE       COUNTY         F:       MOVED       PARTED       DESTROYED       ABANDONED         AATE       NEW LOCATION LE MOVED)       COUNTY       COUNTY         F:       MOVED       PARTED       DESTROYED       ABANDONED         AATE       NEW LOCATION LE MOVED)       COUNTY       COUNTY         EXPLANATION       STATE ZIP CODE       COUNTY         INFPORTIFIED WHERE NORMALLY KEPT       HANGRAFIE-DOWN NO.       COUNTY         CITY       STATE ZIP CODE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       REPARS       FOR SALE       IN TRANSIT TO         COVINERSHIP TYPE (*)       Note: The following declaration must be completed and signed.	ENGINE MAINTENANCE SER'	VICE PROGRAM:	YES NO		-			
SECTION II: COMPLETE IF FIRST TIME FLUNG OR FANY CHANGES WITHIN THE LAST CALENDAR YEAR ANA DODRESS OF OWNER IP DIFFERENT FROM FAN REGISTERED OWNER VAME VAME VAME VAME VAME VAME VAME VAME						NT DATE:		
NAME AND ADDRESS OF OWNER! IF DIFFERENT FROM FAA REGISTERED OWNER         NAME       IADRESS         CITY       STATE       COUNTY         F ARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT       FSOLD OR DONATED:       DATE OF SALE         F SOLD OR DONATED:       DATE OF SALE       S SALE PRICE         NEW OWNER NAME       IADORESS       STATE       ZIP CODE       COUNTY         F:       MOVED       JUNKED       PARTED       DESTROYED       ABANDONED         PARTE       NEW LOCATION (JE MOVED)       COUNTY       COUNTY         SXALE PRICE       NEW LOCATION (JE MOVED)       COUNTY         STATE       NEW COCATION (JE MOVED)       COUNTY         STATE       NEW COCATION (JE MOVED)       COUNTY         STATE       NEW COCATION (JE MOVED)       COUNTY         NIRPORT/FBO WHERE NORMALEY KEPT       HANGARTIE-DOWN NO.       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNT (T)       REPARS       ROR SALE       IN TRANSIT TO.	For Homebuilt, Kit, O <mark>r ex</mark>	PERIMENTAL AIRC	RAFT, ENTER E	XACT DATE OF	FIRST FLIGHT:		<u> </u>	
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F SOLD OR DONATED:       DATE OF SALE       \$ SALE PRICE         NEW OWNER NAME       ADDRESS         CITY       STATE       ZIP CODE       COUNTY         F:       MOVED       JUNKED       PARTED       DESTROYED       ABANDONED         DATE       NEW LOCATION UP MOVED)       COUNTY       COUNTY         EXPLANATION       NEW LOCATION UP MOVED)       COUNTY         EXPLANATION       NERCREFEDOWHERE NORMALEY KEPT       HANGAR/TIE-DOWN NO.         CITY       STATE       ZIP CODE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       ISTATE       IN TRANSIT TO:       OTHER         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.       OTHER         OWNERSHIP TYPE (2)       PONEDRSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.       DECLARATION BY ASSESSEE       OWNERSHIP TYPE (2)         Ponetorship       IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.       DECLARATION BY ASSESSEE       OWNERSHIP TYPE (2)         Ponetorship       IF OUNDER SHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.       DECLARATION BY ASSESSEE         OWNERSHIP TYPE (2)						COUNT	_	
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OWNERSHIP TYPE (I)       DECLARATION BY ASSESSEE         Proprietorship       I         Partnership       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 belie is true, correct, and complete and includes all property required to be reported which is owned, claimed, possess 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)       TITLE         PREPARER'S NAME AND ADDRESS (typed or printed)       TELEPHONE NUMBER       TITLE	ALIAGUI STALEIVIENT I							
Partnership       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this property corporation         Partnership       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this property corporation         Other       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this property corporation         Other       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this property corporation         Other       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this property corporation         Other       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this property corporation         Other       I certify (or declare) under penalty of perjury under the laws of the statements or other attachments, and to the best of my knowledge and belie is true, correct, and complete and includes all property required to be reported which is owned, claimed, possess         Other       controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20	OWNERSHIP TYPE (☑)							
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NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ()								
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( )								
( )	PREPARER'S NAME AND ADDRESS (ty	(ped or printed)		TELEPHONE	NUMBER	TITLE		
				( )				
E-MAIL ADDRESS	E-MAIL ADDRESS							
* AGENT: SEE INSTRUCTIONS FOR DECLARATION BY ASSESSEE.		* /	AGENT: SEE INSTRUC	TIONS FOR DECLAR	ATION BY ASSESSE	E.		

# 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 employee or agent 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.

