EF-577-R05-0515-03000445-1 BOE-577 (P1) REV. 05 (05-15)

### 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 NO Assessor's			,	

Historical Aircraft Exemption Claim. Penalties will apply if not filed. NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name	and mailing address)	7	FOR ASSESSOR'S USE ONLY					
·								
SECTION I: MUST BE COMPLETED ANNUALLY		_						
	PHONE NUMBER AIRCR	AFT LOCATI <mark>ON</mark> (AIRPORT, H	ANGAR OR TIE-DOWN NUMBER)					
N ( )								
MANUFACTURER	MODEL		YEAR BUILT					
SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	DATE MOVED TO THIS COUNTY					
		\$						
FOR AIRCRAFT PREVIOUSLY REGISTERED OR ASSESSE	ED IN ANOTHER CALIFORN	IA COUNTY, INDICATE COUN	TY NAME AND ASSESSMENT YEARS					
FIXED BASE OPERATOR NAME	LAST MAJO	R A <mark>IRFRAME OV</mark> ERH <mark>AU</mark> L DAT	TE: COST:					
AIRCRAFT CONDITION:		DAMA OF LUCTORY	- <b>L</b>					
	AVERAGE POOR	DAMAGE HISTORY  YES NO IF YES	S. SEE INSTRUCTIONS AND ATTACH STATEMENT.					
	AVERAGE POOR		XCHANGED, ADDED OR RETIRED					
	AVERAGE POOR		S. SEE INSTRUCTIONS AND ATTACH SCHEDULE.					
EXTENSIT	AVERAGE POOR	TESNO IF TES	S, SEE INSTRUCTIONS AND ATTACH SCHEDULE.					
TYPE OF USAGE:  PERSONAL/PLEASURE FLIGHT TRAINING RE	NTAL CHARTER/TAXI	BUSINESS T FRACTIO	ONAL OWNERSHIP PROGRAM SHOW/MUSEUM					
IF YOU CHECKED CHARTER/TAXI, DO YOU USE T								
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.								
FOR CONDITION, PLEASE ENTER (N) NEW, (A) AVERAGE, (P) POOR.								

FOR CONDITION, PLEASE ENTER (N) NEW, (A) AVERAGE, (P) POOR.										
UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY	UNIT	-	CQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR					RADAR ALTIMETER					
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODER					
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAGNETIC INDICATOR					
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					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



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

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

AIRFRAME HOURS:										
ENGINE(S)	ENGINE(S) SINGLE LEFT RIGHT FOR					HELICOPTERS - HOURS SINCE MAJOR OVERHAUL:				
MAKE				ENGINE	MAIN ROTOR BLADES	MAIN ROTOR HEAD ASSEMBLY				
MODEL				MAST	MAST	TAIL ROTOR				
YEAR OF MANUFACTURE				IVIAOT	TRANSMISSION	DRIVESHAFT				
HORSEPOWER				TAIL ROTOR GEARBOX	TAIL ROTOR HUB ASSEMBLY	TAIL ROTOR BLADES				
HOURS SINCE NEW				SERVOS	MISCELLANEOUS	BENDEO				
HOURS SINCE MAJOR OVERHAUL										
TIME BETWEEN OVERHAULS (TBO)										
HOURS SINCE MIDLIFE										
DATE OF MAJOR OVERHAUL										
DATE OF LANDING GEAR OVERHAUL	<u> </u>									
ENGINE MAINTENANCE SERV	ICE PROGRAM: [	YES NO								
NAME OF PROGRAM: FOR HOMEBUILT, KIT, OR EXP	EDIMENITAL AIRC	DAET ENTED EX	VACT DATE OF I	ENROLLMENT	T DATE:					
SECTION II: COMPLETE IF FIR					DAR YEAR	71				
NAME AND ADDRESS OF OWNER		M FAA REGISTERE	D OWNER	IL EAUT GALLIN	SAIL LEAIL					
NAME		ADI	DRESS							
CITY			ST	ATE   ZIP CODE	COUNTY					
_					000	_				
IF AIRCRAFT WAS SOLD, ATTACH	A COMPLETE COP	Y OF THE SALES C	CONTRACT							
IF SOLD OR DONATED: DATE OF	SALE		LE PRICE							
NEW OWNER NAME		\$ AD	DRESS							
CITY			ST	ATE ZIP CODE	COUNTY					
		TROYED ABAI	NDONED		COUNTY					
DATE NEW LOCATIO	DATE NEW LOCATION (IF MOVED)									
EXPLANATION										
AIRCRAFT NOT HABITUALLY BAS	ED IN THIS COUNT	v .		$\overline{}$						
AIRPORT/FBO WHERE NORMALLY					HANGAR/TIE-DOV	VN NO.				
OUTV										
CITY			ST	ATE ZIP CODE	COUNTY					
CHECK REASON AIRCRAFT IS OR	WAS IN THIS COUN	TY: REPAIRS	FOR SALE	IN TRANSIT TO:						
				OTHER:						
ATTACH STATEMENT R	EGARDING ANY A	ADDITIONAL INFO	ORMATION YOU	FEEL WOULD AS	SSIST US IN VALUING	YOUR AIRCRAFT.				
	IF OWNERSHIE	TYPE IS LLC, P		A LIST OF MEME						
OWNERSHIP TYPE (☑)	ote. The following	declaration mus		ON BY ASSESS	SEE ou do not do so, it may	v result in penalties				
Partnership / / certify	y (or declare) und	er penalty of perj	ury under the la	ws of the State o	f California that I have	examined this property				
Corporation						y knowledge and belief it				
is true					eported which is owne t at 12:01 a.m. on Janua	ed, claimed, possessed, arv 1. 20				
SIGNATURE OF ASSESSEE OR AUTHOR		, ,			DATE					
<u> </u>										
NAME OF ASSESSEE OR AUTHORIZED	AGENT* (typed or printe	d)			TITLE					
NAME OF LEGAL EXPERIENCE AND ADDRESS OF LEGAL EXPERIENCE AND A	A) (( )					1050				
NAME OF LEGAL ENTITY (other than DBA	i) (typed or printed)				FEDERAL EMPLOYER ID NUM	NRFK				
PREPARER'S NAME AND ADDRESS (type	ed or printed)		TELEPHONE	NUMBER	TITLE					
THE AILEN O NAME AND ADDITEDS (TYPE	sa or primou)		( )	HOWIDER						
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, 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.



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