AIRCRAFT PROPERTY STATEMENT

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



EL DORADO COUNTY JON DEVILLE, ASSESSOR 360 FAIR LN. PLACERVILLE, CA 95667 TEL. 530-621-5719

FILE RETURN BY:

PLEASE NOTE: This forr Assessor's office, regardl Aircraft Exemption Claim	ess of the st	atusofa	any Historic	cal						
NAME AND MAILING (Make necessary corre		nted name	and mailing ac	ldress)	٦		FOR AS	SESSOR'S	SUSE ONLY	
	LETED ANNU	ALLY								
1. FAA REGISTRATION NUMBER	1	AYTIME P	HONE NUMBE	R AIRCR	AFT LOC	ATION (AIRPORT	, HANGAR OR T	rie-down	NUMBER)	
MANUFACTURER			MODEL							YEAR BUILT
SERIAL NUMBER			PURCHA	ASE DATE		ASE PRICE	DA	ATE MOVE	D TO THIS CO	DUNTY
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSESSE	D IN ANOTHEI	R CALIFORNI	\$ A COUN	Y, INDICATE CO	UNTY NAME AN	ID ASSES	MENT YEAR	S
FIXED BASE OPERATOR NAME				LAST MAJOF	RAIRFRA	ME OVERHAUL I	DATE: CO	OST:		
2. AIRCRAFT CONDITION:									_	
WHEN PURCHASED	V 🔄 GOOI	o 🗌 4	WERAGE	POOR	DAMAG	BE HISTORY				
CURRENT	V 🗌 GOOI		AVERAGE	POOR		YES NO IF	YES, SEE INSTI	RUCTIONS	S AND ATTACH	STATEMENT.
INTERIOR NEV		> 🗌 /	AVERAGE	POOR		MENT LEASED				
EXTERIOR NEV	V 🔄 GOOI	י 🗆 א	VERAGE	POOR		YES NO IF	YES, SEE INSTI	RUCTIONS	S AND ATTACH	H SCHEDULE.
3. TYPE OF USAGE:										
	LIGHT TRAININ			RTER/TAX		NESS 🚺 FRAC				HOW/MUSEUM
IF YOU CHECKED CHART						GE MORE THAN GHTS OR PART S			YES NO	
4. AVIONICS SUMMA	RY: REPORT C	NLY ADDE	D OR REPLAC	CED AVIONIC	S. DO NO		INAL STANDAR		RY AVIONICS.	
	ACQUISITION	COST		ASSESSOR				COST		ASSESSOR
UNIT	DATE	NEW	CONDITION	USE ONLY			DATE	NEW	CONDITION	USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR					RADAR	ALTIMETER				
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODE	R				
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAGI	ETIC INDICATOR				
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VLF VERY LOW F	REQUENCY				
NAVCOM #1					PHONE					
NAVCOM #2					RADAR					
TRANSPONDER A C					LORAN					
GLIDESLOPE					ADF AUTOMATIC	DIRECTION FINDER				
LOCALIZER					DME DISTANCE M	EASURING EQUIPMENT				
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CON	DITIONING				
AUTOPILOT NUMBER OF AXIS					BOOTS					
FLIGHT DIRECTOR					HF TRAN					
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER I AVIONIC	NON-FACTORY S				

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

EF-577-R07-0518-09000126-2 BOE-577 (P2) REV. 07 (05-18) SECTION I: (continued)

PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

	ENGINE(S)	SINGLE	LEFT	RIGHT			De.
	MAKE						NJ
Ī	MODEL						
	YEAR OF MANUFACTURE					COPTERS - HOURS SINC	
	HORSEPOWER					MAIN ROTOR	MAIN ROTOR
	HOURS SINCE NEW					BLADES	HEAD ASSEMBLY
	HOURS SINCE MAJOR OVERHAUL				MAST	MAST TRANSMISSION	TAIL ROTOR DRIVESHAFT
ļ	TIME BETWEEN OVERHAULS (TBO)				TAIL ROTOR	TAIL ROTOR HUB	TAIL ROTOR
	HOURS SINCE MIDLIFE				GEARBOX	ASSEMBLY	BLADES
⊦	DATE OF MAJOR OVERHAUL				SERVOS	MISCELLANEOUS	
L	DATE OF LANDING GEAR OVERHAUL						
	GINE MAINTENANCE SERVICE ME OF PROGRAM:	PROGRAM: 🛄 Y	YES NO				
	R HOMEBUILT, KIT, OR EXPERI	MENTAL AIRCRA	ET ENTER EXA			DATE:	
	CTION II: COMPLETE IF FIRST						
	ME AND ADDRESS OF OWNE <mark>R</mark> IF D						
IAI	ME		ADDF	RESS			
CIT	v			ISTAT	E ZIP CODE	COUNTY	
/11	· _					COONT	
ΞΔ	IRCRAFT WAS SOLD, ATTACH A CO		THE SALES COL	NTRACT			
	OLD OR DONATED: DATE OF SA						
			\$				
IE/	W OWNER NAME		ADDF	RESS			
	Y			STAT			
: [DONED		1	
						COUNTY	
EXF	PLANATION						
	CRAFT NOT HABITUALLY BASED I						
١R	PORT/FBO WHERE NORMALLY KEP	PT				HANGAR/TIE-DOWN	NO.
CIT	Y			STAT	E ZIP CODE	COUNTY	
CHE	ECK REASON AIRCRAFT IS OR WAS	S IN THIS COUNTY:			IN TRANSIT TO:		
					OTHER:		
	ATTACH STATEMENT REGA	ARDING ANY ADD				IST US IN VALUING YO	OUR AIRCRAFT.
		F OWNERSHIP					
	WNERSHIP TYPE (☑)			DECLARATION	N BY ASSESSE	E	
OV		The following de	claration must	be completed a	nd signed. If you	do not do so, it may r	esult in penalties.
	oprietorship Note:	•					
Pro Pa	irtnership	r declare) under r	penalty of periur	v under the laws	of the State of (California that I have ex	xamined this proper
Pro Pa Co	Artnership I certify (o statement,	including accomp	anying schedule	s, statements or o	other attachments,	California that I have ex and to the best of my k	nowledge and belief
Pro Pa Co	hrtnership prporation her <i>I certify (o statement, is true, corr</i>	including accomparent, and complete	anying schedule and includes all	s, statements or of property required	other attachments, d to be reported wi	and to the best of my k hich is owned, claimed, j	nowledge and belief possessed, controlle
Pro Pa Co Ot	I certify (o prporation I certify (o statement, is true, cor	including accomparent, including accomparent, and complete or managed by the	anying schedule and includes all	s, statements or of property required	other attachments, d to be reported wi in this statement of	and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar	nowledge and belief possessed, controlle
Pro Pa Co Ot	hrtnership prporation her <i>I certify (o statement, is true, corr</i>	including accomparent, including accomparent, and complete or managed by the	anying schedule and includes all	s, statements or of property required	other attachments, d to be reported wi	and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar	nowledge and belief possessed, controlle
Pro Pa Co Ott	I certify (o prporation I certify (o statement, is true, cor	including accompa rect, and complete or managed by the DAGENT*	anying schedule and includes all	s, statements or of property required	other attachments, d to be reported wi in this statement of	and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar TE	nowledge and belief possessed, controlle
	I certify (o statement, her I is true, con NATURE OF ASSESSEE OR AUTHORIZED ME OF ASSESSEE OR AUTHORIZED AGE	including accomp rect, and complete or managed by the DAGENT* NT* (typed or printed)	anying schedule and includes all	s, statements or of property required	other attachments, d to be reported w in this statement DA	and to the best of my k hich is owned, claimed, l at 12:01 a.m. on Januar TE LE	nowledge and belief possessed, controlled y 1, 20
	Intership I I certify (o statement, is true, constant) her I I certify (o statement, is true, constant) NATURE OF ASSESSEE OR AUTHORIZED I certify (o statement, is true, constant)	including accomp rect, and complete or managed by the DAGENT* NT* (typed or printed)	anying schedule and includes all	s, statements or of property required	other attachments, d to be reported w in this statement DA	and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar TE	nowledge and belief possessed, controlled y 1, 20
	I certify (o statement, her I is true, con NATURE OF ASSESSEE OR AUTHORIZED ME OF ASSESSEE OR AUTHORIZED AGE	including accomparent, and complete or managed by the DAGENT* NT* (typed or printed) rped or printed)	anying schedule and includes all	s, statements or of property required	other attachments, d to be reported wi in this statement DA TIT FE	and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar TE LE DERAL EMPLOYER ID NUMBE	nowledge and belief possessed, controlled y 1, 20
	I certify (o proporation I certify (o statement, is true, cor NATURE OF ASSESSEE OR AUTHORIZED ME OF ASSESSEE OR AUTHORIZED AGE ME OF LEGAL ENTITY (other than DBA) (ty)	including accomparent, and complete or managed by the DAGENT* NT* (typed or printed) rped or printed)	anying schedule and includes all	s, statements or o property required as the assessee	other attachments, d to be reported wi in this statement DA TIT FE	and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar TE LE DERAL EMPLOYER ID NUMBE	nowledge and belief possessed, controlled y 1, 20
	I certify (o proporation I certify (o statement, is true, cor NATURE OF ASSESSEE OR AUTHORIZED ME OF ASSESSEE OR AUTHORIZED AGE ME OF LEGAL ENTITY (other than DBA) (ty)	including accomparent, and complete or managed by the DAGENT* NT* (typed or printed) rped or printed)	anying schedule and includes all	s, statements or o property required as the assessee	other attachments, d to be reported wi in this statement DA TIT FE	and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar TE LE DERAL EMPLOYER ID NUMBE	nowledge and belief possessed, controlled y 1, 20
	I certify (o prporation I certify (o statement, is true, cor NATURE OF ASSESSEE OR AUTHORIZED ME OF ASSESSEE OR AUTHORIZED AGE ME OF LEGAL ENTITY (other than DBA) (ty EPARER'S NAME AND ADDRESS (typed or	including accomp rect, and complete or managed by the DAGENT* NT* (typed or printed) rped or printed)	anying schedule and includes all	s, statements or o property required as the assessee	other attachments, d to be reported wi in this statement DA TIT FE	and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar TE LE DERAL EMPLOYER ID NUMBE	nowledge and belief possessed, controlled y 1, 20

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.

