EF-571-RW-R05-0806-14000210-1 BOE-571-RW (S1F) REV. 5 (8-06)

OFFICIAL REQUIREMENT

A report on this form is required of you by section 441(a) of the Revenue and Taxation Code. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by section 463 of the Code.

20

RIGHT-OF-WAY

PROPERTY STATEMENT

This statement is not a public document. The information contained herein will be held secret by the Assessor (section 451 Revenue and Taxation Code), it can be disclosed only to the district attorney, grand jury, and other agencies specified in section 408 of the Revenue and Taxation Code. Attached schedules are considered to be part of the statement. This statement is subject to audit.

County of Inyo Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

RETURN THIS ORIGINAL. COPIES WILL NOT BE ACCEPTED.

Image: section of the sectin of the section of the sectin	NAME AND MAILING ADDRESS (Make necessary corrections of the printed name and mailing address.)						FILE RETURN BY APRIL 1, 20			
Marcine Marcine <t< td=""><td>Γ</td><td></td><td></td><td>,</td><td>, ули <i>"</i>, Т</td><td>CONTACT</td><td>INFORM</td><td>ATION:</td><td></td></t<>	Γ			,	, ули <i>"</i> , Т	CONTACT	INFORM	ATION:		
Image: constraint of the second constraint of th						NAME				
Image: bit is the second of the sec						TITLE				
Image: bit is the second of the sec						TELEPHO	NE NO.			
A B C D E F G ASSESSORS USC NUM ASSESSORS USC NUM ASSESSORS USC NUM ASSESSORS DESCRIPTION RAMEDIAN TYPE Verify ACURST ACURST <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
A B C D E F G ASSESSORS USC NUM ASSESSORS USC NUM ASSESSORS USC NUM ASSESSORS DESCRIPTION RAMEDIAN TYPE Verify ACURST ACURST <td></td> <td></td> <td></td> <td></td> <td></td> <td>Ε-ΜΑΙΙ ΔΓ</td> <td></td> <td>ontional)</td> <td></td>						Ε-ΜΑΙΙ ΔΓ		ontional)		
Note PLEFANCEL IND. ACCURST										
MSSESSONS USE ONLY USE ON		A	В	С	D	E		F	G	
Image:	F	FILE/PARCEL NO		DESIGNATION, NAME, OR NO.	ТҮРЕ	WIDT	H-FT	ACQUIRED	BASIS	
Image:	GMEN		TAXPAYER'S		STATUS	LEN	бтн	ACT/EST	ACT/EST	
Magnetic Sensetic Sensetic <td< td=""><td>SE</td><td></td><td></td><td></td><td>LINE</td><td>CLASS</td><td>OWN</td><td>BOOKED</td><td>BOOKED</td></td<>	SE				LINE	CLASS	OWN	BOOKED	BOOKED	
Magnetic Sensetic Sensetic <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>										
Magnetic Sensetic Sensetic <td< td=""><td>1ENT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	1ENT									
Magnetic Sensetic Sensetic <td< td=""><td>SEGN</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	SEGN									
Image: Description 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 iscludes all property required to be reported which is owned, claimed, posses, controlled, or managed by the person named as the assesse in this statement at 12:01 a.m. on January 1, 20 Image: Description 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, posses, controlled, or managed by the person named as the assesse to RUITHORIZED AGENT* Image: Description 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 assesse or AUTHORIZED AGENT* Image: Description of the state of the statement at 12:01 a.m. on January 1, 20						4				
Image: Description 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 iscludes all property required to be reported which is owned, claimed, posses, controlled, or managed by the person named as the assesse in this statement at 12:01 a.m. on January 1, 20 Image: Description 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, posses, controlled, or managed by the person named as the assesse to RUITHORIZED AGENT* Image: Description 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 assesse or AUTHORIZED AGENT* Image: Description of the state of the statement at 12:01 a.m. on January 1, 20	Ţ									
Image: Description 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 iscludes all property required to be reported which is owned, claimed, posses, controlled, or managed by the person named as the assesse in this statement at 12:01 a.m. on January 1, 20 Image: Description 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, posses, controlled, or managed by the person named as the assesse to RUITHORIZED AGENT* Image: Description 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 assesse or AUTHORIZED AGENT* Image: Description of the state of the statement at 12:01 a.m. on January 1, 20	GME									
Image: Comport 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 assesse in this statement at 12:01 a.m. on January 1, 20 No. OF CONTINUATION SHEETS ATTACHED OWNERSHIP TYPE (3) SiGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) DATE Proprietorship MAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE Proprietorship MAME OF LEGAL ENTITY (other than DBA) (typed or printed) TELEPHONE NO. Proprietorship PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NO. TITLE	SE									
Image: Comport 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 assesse in this statement at 12:01 a.m. on January 1, 20 No. OF CONTINUATION SHEETS ATTACHED OWNERSHIP TYPE (3) SiGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) DATE Proprietorship MAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE Proprietorship MAME OF LEGAL ENTITY (other than DBA) (typed or printed) TELEPHONE NO. Proprietorship PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NO. TITLE										
Image: Comport 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 assesse in this statement at 12:01 a.m. on January 1, 20 No. OF CONTINUATION SHEETS ATTACHED OWNERSHIP TYPE (3) SiGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) DATE Proprietorship MAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE Proprietorship MAME OF LEGAL ENTITY (other than DBA) (typed or printed) TELEPHONE NO. Proprietorship PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NO. TITLE	ENT									
Image: Comport 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 assesse in this statement at 12:01 a.m. on January 1, 20 No. OF CONTINUATION SHEETS ATTACHED OWNERSHIP TYPE (3) SiGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) DATE Proprietorship MAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE Proprietorship MAME OF LEGAL ENTITY (other than DBA) (typed or printed) TELEPHONE NO. Proprietorship PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NO. TITLE	EGME						_			
Ideal and the second state 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 No. OF CONTINUATION SHEETS ATTACHED OWNERSHIP TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE Proprietorship	S									
Ideal and the second state 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 No. OF CONTINUATION SHEETS ATTACHED OWNERSHIP TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE Proprietorship										
Ideal and the second state 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 No. OF CONTINUATION SHEETS ATTACHED OWNERSHIP TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE Proprietorship	MENT									
Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I 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 OWNERSHIP SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) Proprietorship Intll Partnership NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NO. FEDERAL EMPLOYER ID NO. Preparetris NAME AND ADDRESS (typed or printed) TELEPHONE NO.	SEGI									
Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I 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 OWNERSHIP SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) Proprietorship Intll Partnership NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NO. FEDERAL EMPLOYER ID NO. Preparetris NAME AND ADDRESS (typed or printed) TELEPHONE NO.										
I 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 OWNERSHIP TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE Proprietorship I FEDERAL EMPLOYER ID NO. Orporation PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NO.				DECLARATION BY ASSESSEE				NO. OF CONTIN	UATION SHEETS ATTACHED	
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 OWNERSHIP TYPE (3) 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) FEDERAL EMPLOYER ID NO. Proprietorship □ Partnership □ Corporation □ PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NO. TITLE		Note: 1	he following declaration mus	t be completed and signed. If you do not	do so, it may result i	n penalties.				
and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person name as the assessee in this statement at 12:01 a.m. on January 1, 20 OWNERSHIP TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) Proprietorship Partnership Corporation PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NO. TELEPHONE NO. TELEPHONE NO. TELEPHONE NO. TITLE	l decla	are under penalt	y of perjury under the laws	of the State of California that I have	examined this pro	perty stater	nent, incl	uding		
OWNERSHIP TYPE (3) SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE Proprietorship NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NO. Corporation PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NO.	and c	omplete and in	cludes all property require	ed to be reported which is owned, c	laimed, possessed	d, controlle	d, or mar	naged		
OWNERSHIP TYPE (3) Image: Composition of the composition of					0		DATE			
Proprietorship Intle Partnership NAME OF LEGAL ENTITY (other than DBA) (typed or printed) Partnership NAME OF LEGAL ENTITY (other than DBA) (typed or printed) Preparetion PREPARER'S NAME AND ADDRESS (typed or printed)			SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*				DAIE			
Partnership Image: Preparence of the	ITPE (3)		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)				TITLE			
Partnership Image: Corporation Image: PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NO. TITLE	Proprietorship									
PREPARER S NAME AND ADDRESS (typed or printed)	Partner	rship 🗌	NAME OF LEGAL ENTITY (other t	han DBA) (typed or printed)			FEDER	AL EMPLOYER ID NO.		
Other [()	Corpor	ation 🛛	PREPARER'S NAME AND ADDRES	S (typed or printed)	TELEPHONE NO.		TITLE			
	Other_	□			()					

*Agent: see page S2F for Declaration by Assessee instructions. THIS STATEMENT SUBJECT TO AUDIT



	A	В	С	D	E		F	G
F	FILE/PARCEL NO.	ASSESSED VALUE OR	DESIGNATION, NAME, OR NO.	ТҮРЕ	WIDTH	I-FT	ACQUIRED	BASIS
SEGMENT	ASSESSOR'S USE ONLY	TAXPAYER'S DATE SOLD OR ABANDONED		STATUS	LENG	ТН	ACT/EST	ACT/EST
S				LINE	CLASS	OWN	BOOKED	BOOKED
TN								
SEGMENT		TL	JIC		C		Λ	
SEGMENT			110				A	
SEGN								
SEGMENT		\mathbf{D}	$\mathbf{A}NH$					
SEG								
SEGMENT								
SEG								
16NT								
SEGMENT			$\mathbf{U}\mathbf{O}$					
ENT								
SEGMENT								
TN								
SEGMENT								
							CONTINUATION SHEET N	ю.

INSTRUCTIONS FOR RIGHT-OF-WAY PROPERTY STATEMENT

Verify or provide your name and mailing address on the front of the property statement. Also provide the name, title, telephone number, and fax number of the person to contact regarding this property statement.

The property statement must be executed (signed) in accordance with Rule 172, Title 18, California Code of Regulations and submitted to Assessor.

On the back of the property statement is a continuation sheet that is intended to be copied as needed. In lieu of filling out the continuation sheets manually, you may attach the information in another format, such as computer-prepared listings, provided that the attachments are in a format as specified by the Assessor. If the Assessor has provided a listing of segments, use the continuation sheet for reporting newly acquired segments, previously unreported segments, or segments not shown in detail listing.

Report all rights-of-way situated in this county that you owned, claimed, possessed, controlled, or managed on the tax lien date, except do not report rights-of-way assessed by the California State Board of Equalization or rights-of-way assessed with another property such as an oil lease. The property statement will be rejected if segment information is not provided as requested in these instructions or if the property statement is captioned "No Change," "Change Only Listing," "Same as Last Year," or similar wording.

List segments in file/parcel number and segment name order. List new segments separately for both manually- and computer-prepared listings. Provide maps for all rights-of-way acquired since the previous lien date.

Column E — Width. It is acceptable to report an average width for rights-of-way having similar characteristics. You may also provide your "best reasonable guess." If the width is unknown or undefined, report the width as "1" (foot).

Column E — Length. It is acceptable to report an average amount per length for rights-of-way having similar characteristics. It is not expected or required that you report the exact amount for each and every length. Please use prudent reasonable judgment in allocating accounting costs and property tax basis.

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 ELC 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.

EXAMPLE AND EXPLANATION OF INFORMATION REQUIRED IN EACH COLUMN

Example

	A	В		D	E	F	G
L	FILE/PARCEL NO.	ASSESSED VALUE OR	DESIGNATION, NAME, OR NO.	TYPE	WIDTH-FT	ACQUIRED	BASIS
SEGMENT	ASSESSOR'S USE ONLY	TAXPAYER'S DATE SOLD OR ABANDONED		STATUS	LENGTH	ACT/EST	ACT/EST
SI				LINE	CLAS <mark>S</mark> OWN	BOOKED	BOOKED
Ŀ	25-1234567-123		PL1 - PL2	А	25	03/01/1975	41020
SEGMENT			761477A	0	8356	В	В
S			NEAR HWY 55	1	3 D	07/01/1948	5100

Explanation

COLUMN	ITEM	DESCRIPTION
A	File/Parcel No.	Assessor's file or parcel number. Enter "NEW" for newly acquired segments not re-
		ported previously.
	Assessor's Use Only	Leave this item (cell) blank.
В	Assessed Value or Date	Leave this item blank unless sold or abandoned. Enter "S" or "A" and the date
	Sold or Abandoned	(e.g., A-5/15/95).



COLUMN	ITEM	DESCRIPTION
C	Designation, Name, or I	
		This item is for your use, such as location coding, map reference, accounting information atc. Indicate the number of the item (con grample "Location")
		tion, etc. Indicate the purpose of the item (see example "Location"). This item is for your use, such as location coding, map reference, accounting informa-
		tion, etc. Indicate the purpose of the item (see example "Remarks").
D	Туре	Enter "A" for intercounty or "B" for intracounty. An intercounty right-of-way starts in
D	туре	one county and ends in another.
	Status	Enter one of the following status codes:
	Status	"A" - Abandoned during the past year.
		"S" - Sold during the past year.
		"I" - Idle in which no pipelines exist.
		"O" - Operational in which one pipeline exists.
	Lines	Enter the number of pipelines within the right-of-way excluding pipelines belonging
		to others.
E	Width-Ft	Enter the right-of-way width in feet using whole numbers. An average width may be
		entered for rights-of-way having similar characteristics. A "best guess" is acceptable. I
		width is unknown or undefined, enter 1.
	Length	Enter the right-of-way length in feet using whole numbers (no decimal).
	Class Ownersh	
		nitions and use of these codes):
		"1" through "5" - The Assessor uses a predetermined value per mile
		based on type and location of the right-of-way; for example, a class
		code of "1" may be used for rights-of-way going through a large city.
		"N" - Not valued; for example, no pipelines exist because current
		environmental laws preclude construction.
		"A" - The Assessor is using an acquisition date and cost different from
		those associated with class codes "1" through "5."
		Enter one of the following ownership codes:
		"D" - The surface, non-government land owner and the right-of-way owner
		are different.
		"P" - The surface owner is a government entity. "S" - The surface, non-government land owner and the right-of-way owner
		are the same.
F	Acquired	Enter the date acquired for property tax purposes. The date may or may not be the
	Acquired	same as the date for accounting purposes. The date may be the established base yea
		actual acquisition date, or an alternate date set by the Assessor.
	Act/Est	Enter one of the following codes relating to the acquired date:
		"A" - Actual date of acquisition.
		"E" - Actual date is unknown, the date provided is your best guess.
		"Y" - The acquisition year is actual, but the month and day are estimated.
		"B" - Base year as set by the Assessor, or the date associated with class
		code "1" through "5."
	Booked	Enter the date when the right-of-way was first reflected in your accounting records.
		Leave this blank if not in your books.
G	Basis	Enter the property tax basis. The amount to report is the full purchase price including
		survey fees, legal charges, and other acquisition expenses, whether or not the ex-
		penses are capitalized for income tax or financial reporting purposes. Gifts and other
		non-cash grants to the seller must be converted to cash equivalent and added to the
		purchase price. If the Assessor uses a land classification value code other than "A," the
		basis will be changed to reflect the value associated with that class code.
	Act/Est	Enter one of the following codes relating to the "Basis:"
		"A" - Actual cost.
		"E" - Actual cost is unknown, the basis reported is your best guess.
		"B" - Basis as set by the Assessor, or the basis associated with class code
		"1" through "5".
	Booked	Enter the actual amount booked in your accounting records.

