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Enter location of general ledger and all related accounting rescuts inflorter zp code:     2420.       STREFT     CITY     1017       CITY     1017     1017       Enter name and telephone number of authorized person to contact al location of accounting rescuts.     1018 any individual or legal entity (corporation, partnership interest: (corporation, partnership interest: (corporation, partnership interest: (corporation) in this business interest: (corporation) in this business.       CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS:     1190 uno longer own this property as of ulinkary 1 of this war, show the name and realing address of the relative instructions for differentiation in this business.     1190 uno longer own this property as of ulinkary 1 of this war, show the name and realing address of the relative instructions for differentiation in this business.     1190 uno longer own this property as of ulinkary 1 of this war, show the name and realing address of the relative instructions for difference in a countered in the ownership.     1190 uno longer own this property is control and Onersehit of a countered in the ownership.       Maining Address     Zip Code     100 any other individuals, partnerships or corporations do business or own personal property (other than business or for the gusiness. The state head of Canapatzion. State instructions for difference in a countered in the ownership.       Name AND ADDRESS OF OWNER OF SUCH PROPERTY     NATURE OF THE BUSINESS OF OWNER OF SUCH PROPERTY     ASSESSOR'S USE ONLY       Yes     No     If yes, list below:     1000 in optic in other on a lown rential, or lease badds?     3 BEDRM.     LARGER			Fax Number					2020 through December 31,
STREET       CTY       ISTATE       IPTATE		all related accounting	records (include z	in code):		- 2020:		-
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Enter name and telephone number of authorized person to contact at location of accounting records:       If Wigs         CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS:       (2) If YES, did this business entity also own "real property" exercision of definition) in california at the time of the acquisition?	SILLI		GIT	Ĭ				
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS  1. If you no longer own this property as of January 1 of this year, show the name and maining address of the rew worker. Name	Enter name and telephone number of	authorized person to	contact at locatio	n of accounting rec	ords:	entity?		
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If you no longer own this property as of January 1 of this year, show the name and maning address of the new ves No     Name	CAREFULLY READ AND FOLLOW	THE ACCOMPANYI		NS.		instruct	ion <mark>s for definition</mark> ) i	
Owner:         Name		erty as of January 1 c	of this year, show t	he name and mailin	g address of the ne			
Mailing Address       DCF-1008, Statement of Chainge in Control and Ownership instructions for filing requirements.         4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises? Yes No if yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         S. Do you hold furniture or equipment belonging to others on a ben, rental, or lease basis? Yes No if yes, list below.       ASSESSOR'S USE ONLY         S. Do you hold furniture or equipment belonging to others on a ben, rental, or lease basis? Yes No if yes, list below.       QUANTITY AND DESCRIPTION         6. ENTER BELOW the number of fully turnished, partly furnished (e.g., stores and refrigerator), not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A any unit is which you're.       3 BEDRM.       LARGER         FULLY FURNISHED       Image: Store of the Business       Cost       Image: Store of the store of the schedule A and the the schedule A         7. Supplies       Cost       Image: Store of the schedule A       Image: Store of the schedule A       Image: Store of the schedule A         10.       Image: Store of the schedule A       Image: Store of the schedule A       Image: Store of the schedule A         10.       Image: Store of the schedule A       Image: Store of the schedule A       Image: Store of the schedule A <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>and (2) filer must submit form</td></t<>								and (2) filer must submit form
City and State       Zp Code       Instructions for Hilling requirements.         4. Do any other individuals, partnerships or corporations do business or own personal property (other than business or own personal effects of your tenants) located on your persines? Yes No If yes, list below.       ASSESSOR'S USE OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?       Yes No If yes, list below.       ASSESSOR'S USE ONLY         6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stores and refrigerator, not buil-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, lang unit in which you live.       Step ROM       Step ROM       Step ROM       Langer         FULLY FURNISHED       Image: Cost       Image: Cost       Image: Cost       Image: Cost       Image: Cost         7. Supplies       Cost       Image: Cost       Image						BOE-10	00-B, Statement of C	hange in Control and Ownership
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premise?       Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION       Support         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY and DESCRIPTION         Schedule A. Do not include, either here or in Schedule A, any unit in which you live.       Support         FULLY FURNISHED       Image: Support of Studie A, and you in the you live.       3 BEDRM.       LARGER         PARTLY FURNISHED       Image: Support of Schedule A       Image: Support of Schedule A       Image: Support of Schedule A         1       Image: Support of Schedule A         1       Image: Support of Schedule A         1       Image: Support of Schedule A       Image: Support	City and State			Zip Code				
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S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? Yes No If yes, list below.       USE ONLY         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         Image: Control of the number of fully furnished, parity furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A any unit in which you live.         Image: Control of the number of fully furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A any unit in which you live.         Image: Control of the number of fully furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A any unit in which you live.         Image: Context in the	NAME AND ADDRESS OF C	WNER OF SUCH PI	ROPERTY	NA	TURE OF THE BU	SINESS OR PRO	PERTY	
S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?         Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         Output the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete schedule A. Do not include, either here or in Schedule A any unit in which you live.         FULLY FURNISHED       Image: Content of the schedule A any unit in which you live.         FULLY FURNISHED       Image: Content of the schedule A any unit in which you live.         7. Supplies       Cost         8. Furniture and appliances       Enter From Schedule A         9. Other furniture and equipment       Enter From Schedule A         10.       TOTAL FULL VALUE         PERSONAL PROPERTY       FIXTURES         Image: Content of the schedule A       FIXTURES         Image: Content of the schedule A       Cost         8. Furniture and appliances       Enter From Schedule A         Image: Content of the schedule A       Enter From Schedule A         Image: Content of the schedule A       Enter From Schedule A         Image: Content of the schedule A       Enter From Schedule A         Image: Content of the schedule A       Enter From Schedule A         Image: Content of the schedule A       Enter From Sc								
Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live.         FULLY FURNISHED       Image: Complete Schedule A any unit in which you live.         PARTLY FURNISHED       Image: Complete Schedule A any unit in which you live.         TOTALS       Image: Complete Schedule A any unit in which you live.         7. Supplies       Cost         8. Furniture and appliances       Enter From Schedule A         9. Other furniture and equipment       Enter From Schedule B         10.       Image: Complete Schedule A         9. Other furniture and equipment       Enter From Schedule B         10.       Image: Complete Schedule A         10.       Image: Complete Schedule A         10.       Image: Complete Schedule B         10.       Image: Complete Schedule								USE ONLY
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         Quantity and Description       Quantity and Description         0. ENTER BELOW the number of fully furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A any unit in which ydu live.         Very State       SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       1 BEDRM.       LARGER         FULLY FURNISHED       Image: Content of the state of th	5. Do you hold furniture or equipr	ment belonging to oth	ers on a loan, rent	tal, or lease basis?				
6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stores and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A. any unit in which you live. <ul> <li>SLP. ROOM</li> <li>STUDIO</li> <li>1 BEDRM.</li> <li>2 BEDRM.</li> <li>3 BEDRM.</li> <li>LARGER</li> </ul> FULLY FURNISHED         Image: Complete the state of the state	Yes No If <b>yes</b> , li	st below.						
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UNFURNISHED         Image: Constraint of the stress of	FULLY FURNISHED							
TOTALS       Cost       Cost         7. Supplies       Cost       Enter From Schedule A         8. Furniture and appliances       Enter From Schedule A       10.         10.       TOTAL FULL VALUE       10.         TOTAL FULL VALUE         FRSONAL PROPERTY         FIXTURES         OTHER IMPROVEMENTS	PARTLY FURNISHED							
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8. Furniture and appliances       Enter From Schedule A         9. Other furniture and equipment       Enter From Schedule B         10.       TOTAL FULL VALUE         V       PERSONAL PROPERTY         FIXTURES       OTHER IMPROVEMENTS	TOTALS							
9. Other furniture and equipment     Enter From Schedule B       10.     TOTAL FULL VALUE       PERSONAL PROPERTY     FIXTURES       OTHER IMPROVEMENTS     OTHER IMPROVEMENTS	7. Supplies					Cost		
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#### EF-571-R-R23-0520-15000167-2

#### BOE-571-R (P2) REV. 23 (05-20)

SCHEDULES OF DEPRECIABLE PROPERTY — SCHEDULES A and B. Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedules A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items**. Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.

<b>SCHEDULE A FURNITURE AND APPLIANCES</b> (include items in storage; do not include built-ins)				SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, laundry, pool, vending, signs, fire extinguishers)				
Year of Acquisition	Original Installed Cost	FOR ASSESSOR'S USE ONLY		Year of	Original Installed Cost	FOR ASSESSOR'S USE ONLY		
	(NOT depreciated book value)	Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value	
2020				2020				
2019				2019				
2018				2018				
2017				2017				
2016				2016				
2015				2015				
2014				2014				
2013				2013				
2012				2012				
2011				2011				
2010 & prior				2010 & prior				
TOTAL COST Enter on line 8				TOTAL COS Enter on line				
	s, page 1.			Enter on line	e 9, page 1.			
REMARKS:								

## **DECLARATION BY ASSESSEE**

#### 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, 2021.

OWNERSHIP TYPE (☑)		SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*		DATE
		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE	
Proprietorship				
Partnership		NAME OF LEGAL ENTITY (other than DBA) (typed or printed)		FEDERAL EMPLOYER ID NUMBER
Corporation				
Other		PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER	TITLE

\*Agent: See page 3 for Declaration by Assessee instructions.



# INSTRUCTIONS

The Revenue and Taxation Code of the State of California requires that every person, upon request of the Assessor, shall file a written property statement under penalty of perjury with the Assessor within such time as the Assessor may appoint. Please complete this form according to the numbered instructions provided below as your statement of furnishings and related equipment owned, possessed or controlled by you as of 12:01 a.m., January 1, this year at the location listed. Property which you are purchasing under a conditional sales contract must be included. **Return the completed statement form to the Assessor on or before the date stated in the official requirement section.** In all instances, you must return the original BOE-571-R.

### LINE 3. PROPERTY TRANSFER

**Real Property** – For purposes of reporting a change in control, real property includes land, structures, or fixtures owned or held under lease from (1) a private owner if the remaining term of the lease exceeds 35 years, including written renewal options, (2) a public owner (any arm or agency of local, state, or federal government) for any term or (3) mineral rights owned or held on lease for any term, whether in production or not.

**Controlling Interest –** When any person or legal entity obtains more than 50 percent of the voting stock of a corporation, or more than a 50 percent ownership interest in any other type of legal entity. The interest obtained includes what is acquired directly or indirectly by a parent or affiliated entity.

**Forms, Filing Requirements & Penalty Information –** Contact the Legal Entity Ownership Program Section at 916-274-3410 or refer to the Board's website at *www.boe.ca.gov* to obtain form BOE-100-B, applicable filing requirements, and penalty information.

- LINE 4. Check the appropriate box. If yes is checked, enter the name and address of the owner of the furniture or equipment. Briefly describe the nature of the business or property. **Do not** report household furnishings owned by tenants and used in their living quarters, or other personal property owned or controlled by tenants.
- LINE 5. Check the appropriate box. If yes is checked, enter the name and address of the owner or lessor and the quantity and description of the furniture or equipment. The lessor of the items will be asked to declare them.
- LINE 6. Enter the number of fully furnished, partly furnished, and unfurnished units in the appropriate column or columns. If the owner of the building (other than a corporation) occupies a unit as his living quarters, do not include it. Please indicate in the **REMARKS** area the items contained in a typical PARTLY FURNISHED apartment of each size. A *sleeping room* is a room with no kitchen facilities; a *studio* contains a kitchen and a convertible living room; a *1 bedrm*. contains a bedroom, living room, kitchen, etc. Attach additional sheets if necessary.
- LINE 7. Enter the cost of supplies that are on hand at 12:01 a.m. on January 1 of this year. Include janitorial and pool supplies, whether carried in your asset accounts or expensed.
- LINES 8 and 9. Enter the total cost from Schedules A and B.

- **SCHEDULE A.** Complete the schedule as instructed. If a portion of the furniture used in your rental units has been placed in storage, include the cost in the schedule and enter in the remarks the address where stored. **Do not** include built-in appliances, installed carpeting, or drapes as furniture; such items are considered part of the building. **Include** ranges, refrigerators, dishwashers, etc., if not built-in.
- **SCHEDULE B.** Complete the schedule as instructed. **Include** all equipment not reported in Schedule A. If you care to attach a schedule listing types of equipment separately, you may do so.

## **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.

THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED WILL BE HELD SECRET BY THE ASSESSOR.