EF-577-R07-0518-16000204-1 BOE-577 (P1) REV. 07 (05-18)

FILE RETURN BY:

## **AIRCRAFT PROPERTY STATEMENT**

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



# Office of the Assessor Kings County

1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

PLEASE NOTE: This form Assessor's office, regardle Aircraft Exemption Claim.	ess of the st	atus of a	ny Historic	al					
NAME AND MAILING A (Make necessary corre		inted name a	and mailing ad	dress)	٦	FOR AS	SSESSOR'S	USE ONLY	
L SECTION I: MUST BE COMPL  1. FAA REGISTRATION NUMBER			ONE NUMBE	AIRCR	_J	PORT HANGAR OR	TIE-DOWN	NI IMBER)	
N		( )	IOITE HOMBE	Juitore	Tar 1 2007 ti 1010 (7 til 1		THE BOTTO		
MANUFACTURER			MODEL					)	YEAR BUILT
SERIAL NUMBER			PURCHA	SE DATE	PURCHASE PRICE	С	ATE MOVE	D TO THIS CO	OUNTY
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSESSED	IN ANOTHER	R CALIFORNI	\$ A COUNTY, INDICATI	E COUNTY NAME A	ND ASSESS	MENT YEAR:	S
FIXED BASE OPERATOR NAME			A	LAST MAJOF	R AIRFRAME OVERH	AUL DATE:	COST:		
2. AIRCRAFT CONDITION:									
WHEN PURCHASED NEV	V GOO	D A	VERAGE	POOR	DAMAGE HISTOF	RY			
CURRENT NEV	V GOO	D	VERAGE	POOR	YES NO	O IF YES, SEE INST	RUCTIONS	AND ATTACH	+ STATEMENT
INTERIOR NEV	V GOO	D A	VERAGE	POOR	EQUIPMENT LEA	SED, EXCHANGE	D, ADDEC	OR RETIR	ED
EXTERIOR NEV	V GOO	D A	VERAGE [	] POOR	YES N	O IF YES, SEE INST	TRUC <mark>TIO</mark> NS	AND ATTACE	1 SCHEDULE.
3. TYPE OF USAGE:									
	L <mark>IG</mark> HT TRAINI			RTER/TAX		RACTIONAL OWNE			HOW/MUSEUM
IF YOU CHECKED CHART					CARRIAGE MORE T ERRY FLIGHTS OR P			ES NO	
4. AVIONICS SUMMA					S. DO NOT REPORT		RD FACTOR	RY AVIONICS.	
115117	ACQUISITION	COST	T a	ASSESSOR	NEW, (A) AVERAGE,	ACQUISITION	COST	COMPITION	ASSESSOR
UNIT	DATE	NEW	CONDITION	USE ONLY	UNIT	DATE	NEW	CONDITION	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 AC					LORAN				
GLIDESLOPE					ADF AUTOMATIC DIRECTION FINDER				
LOCALIZER					DME DISTANCE MEASURING EQUIPM				
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING				
AUTOPILOT NUMBER OF AXIS					BOOTS				
FLIGHT DIRECTOR					HF TRANSCEIVERS				
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER NON-FACTOR AVIONICS	Y			

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



BOE-577 (P2) REV. 07 (05-18) **SECTION I: (continued)** 

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

MAKE MODEL TYRK OF MANUFACTURE HORSEROWER HORSEROWER HOURS SINCE MAJOR DORSENGLE HORSEROWER HOURS SINCE MAJOR DORSENGLE HORSENGLE HORSENGLE MAJOR DORSENGLE HORSENGLE HORSENGLE MAJOR DORSENGLE HORSENGLE HORSENGLE MAJOR DORSENGLE HORSENGLE HO	5.	ENGINE(S)	SINGLE	LEFT	RIGHT	6 TOTA	I AIDEDAME HOLII	DC.			
FOR HELICOPTERS - HOURS SINCE MAJOR OVERHAUL: HORSEONER MAN ROTOR HOURS SINCE MAJOR OVERHAULS HOURS SINCE MAJOR OVERHAULS HOURS SINCE MAJOR OVERHAULS THE RETWER FOR WERE WORKER (1998) HOURS SINCE MAJOR OVERHAULS THE RETWER FOR WORKER (1998) HOURS SINCE MAJOR OVERHAULS DATE OF LANDING DEAR OVERHAULS ENGINE MAJOR OVERHAULS DATE OF LANDING DEAR OVERHAULS DATE OF LANDING DEAR OVERHAULS ENGINE MAJOR DATE DATE OF LANDING DEAR OVERHAULS DATE OF LANDING DEAR OVERHAULS ENGINE MAJOR DATE DATE OF LANDING DEAR OVERHAULS DATE OF LANDING DEAR OVERHAULS DATE OF LANDING DEAR OVERHAULS ENGINE MAJOR DATE DATE OF LANDING DATE DATE DATE OF LANDING DATE DATE DATE OF LANDING DATE DATE DATE DATE DATE DATE DATE DATE		MAKE				0. IUIA	L AIRFRAINE HOU	NJ.			
HORSEPOWER HOURS SINCE NEW HOURS SINCE MAJOR OVERHAUL  TAME PETWEEN OVERHAUS BROD  TO SERVED OVERHAUS BROD  NAME OF PROGRAM.  DATE OF MAJOR DIFFERANT  ENROLLMENT DATE:  SERVICS  MISCELLMEOUS  BERNOLLMENT DATE:  SERVICS  MISCELLMEOUS  DATE OF MAJOR DIFFERANT  DATE OF PROGRAM.  ENROLLMENT DATE:  SECTION IL: COMPLETE IF FIRST TIME FILING OR FAIN' CHANCES WITHIN THE LAST CALENDAR YEAR  NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  FI STATE ZIP CODE  COUNTY  FI STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  FI STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  ADDRESS  COUNTY  STATE ZIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  AIRCRAFT WOR HABITUALLY BASED IN THE COUNTY  AIRCRAFT WOR HABITUALLY BASED IN THIS COUNTY		MODEL									
HOURS SINCE MUJOR OVERHULD.  THE PROPER BLADES NEW HOURS NICE MUJOR OVERHULD.  THE PROPER BLADES NEW HOURS NICE MUJOR OVERHULD.  THE PROPER BLADES NEW HOURS NICE MUJOR OVERHULD.  DATE OF MUJOR OVERHULD.  DATE OF MUJOR OVERHULD.  ENGINE MAINTENANCE SERVICE PROGRAM: VES \ NO  NAME OF PROGRAM: SEXEMITY  SECTION IN: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME AND ADDRESS OF OWNER! P INFERENT FROM FAA RESISTERED OWNER  NAME AND ADDRESS OF OWNER! P INFERENT FROM FAA RESISTERED OWNER  NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  FF OLD OR DONATED: DATE OF SALE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FF AND OVER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FF OLD OR DATE OF SALE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FF OLD OR DATE OF SALE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FF OLD OR DATE OF SALE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FF OLD OR DATE OF SALE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FF OLD OR DATE OF SALE  NEW TO CALL OR SALE PROFE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FF OLD OR DATE OF SALE  NEW TO CALL OR SALE PROFE  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE IS IN CALL PROFE OF THE SALE SEASON AIRCRAFT.  IF OWNERSHIP TYPE IS IN CALL OR SALE PROFE OF THE SALE SEASON AIRCRAFT.  IF OWNERSHIP TYPE IS IN CALL OR SALE PROFE OF THE SALE SEASON AIRCRAFT.  IF OWNERSHIP TYPE IS IN CALL OR SALE PROFE OF THE SALE SEASON AIRCRAFT.  IF OWNERSHIP TYPE IS IN CALL OR SALE PROFE OF THE SALE SALE PROFE OWNERS OF THE SALE SALE PROFE OWNERS OF THE SALE SALE PROFE OWNERSHIP TYPE IS ILLC, PLEASE AT THE AIR SALE PROFE OWNERS OW		YEAR OF MANUFACTURE					THEODER HOUSE CONTROL OF THE CONTROL				
HOURS SINCE MUDIC OVERHALL  TIME SETMECH ORGANIALS (TRD) HOURS SINCE MUDIC THE SETMECH ORGANIALS (TRD) HOURS SINCE MUDIC THE SETMECH ORGANIALS (TRD) HOURS SINCE MUDIC DATE OF MACK OVERHALLS DATE OF PROCRAM: DATE OF MACK OVERHALLS DATE OF PROCRAM: DATE OF MACK OVERHALLS DATE OF PROCRAM: OVERHALD DATE OF FIRST FLIGHT  SECTION IN: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IP DIFFERENT FROM FAA REGISTERD OWNER NOME  TO STATE JIP CODE  COUNTY  STATE JIP CODE  COUNTY  STATE JIP CODE  COUNTY  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FROM DOR DONATED: DATE OF MACK OVER IN THE SOLUTION  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FROM DOR DONATED: DATE OF MACK OVER IN THIS COUNTY  STATE JIP CODE  COUNTY  STATE JIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  REPAIRS PROCRAMINE  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE (ID)  PROPRIED BY THE STATE OF MEMBERS NAMES.  OWNERSHIP TYPE (ID)  PROPRIED BY THE STATE OF MEMBERS NAMES.  OWNERSHIP TYPE (ID)  PROPRIED BY THE STATE OF THE SALES OF THE SALE OF THE SALES OF THE SALE SALES HAVE IN THE SALES OF THE S		HORSEPOWER									
THE SETWEN OVERHAULS (TISO)  THE SETWEN OVERHAULS (TISO)  THE DATE OF MADO OVERHAUL  DATE OF MADO OVERHAUL  ENGINE MAINTENANCE SERVICE PROGRAM: SERVICE PROGRAM: SERVICE  ENGINE MAINTENANCE SERVICE PROGRAM: SERVICE PROGRAM: SERVICE PROGRAM: SERVICE  ENGINE MAINTENANCE SERVICE PROGRAM: SERVICE PROGRAM: SERVICE PROGRAM: SERVICE S		HOURS SINCE NEW				ENGINE					
HOURS SINCE MID. FE   DATE OF MADRO OVERHAUL   DATE OF MADRO GUERNOUS   SERVOS   MISCELLANGOUS   DATE OF MADRO GUERNOUS		HOURS SINCE MAJOR OVERHAUL				MAST					
DATE OF MAJOR GEAR OVERHAUL  DATE OF MAJORG GEAR OVERHAUL  DATE OF JANDING GEAR OVERHAUL  DATE OF JANDING GEAR OVERHAUL  ENCOLMENT DATE:  FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FIGHT.  SECTION II: COMPLETE IF FIRST TIME FILING ON IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER.  ANDERS.  CITY  STATE ZIP CODE.  COUNTY  FARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT.  IF SOLD OR DONATED.  DATE OF SALE.  SALE PRICE.  SALE PRICE.  SALE PRICE.  STATE ZIP CODE.  COUNTY  FILING ON THE CONTROLL OF THE SALES CONTRACT.  FOR MOVED.  JUNKED.  PARTED.  DESTROYED.  ABANDONED.  ARROAT NOT HABITUALLY BASED IN THIS COUNTY.  REPAIRS.  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION OUT FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE (2)  PROMERSHIP TYPE (2)  NOTHERS.  NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION OF THE JAND OF THE MEMBER'S NAME.S.  OWNERSHIP TYPE (2)  PROGRESSIONED BY ASSESSEE OF AUTHORIZED AGENT. PAPEN OF PRICE IN THE AIRT OF MEMBER'S NAME.S.  OWNERSHIP TYPE (2)  PROGRESSIONED BY ASSESSEE OF AUTHORIZED AGENT. PAPEN OF PRICE IN THE AIRT OF THE HABIT OF THE H		<u> </u>									
ENGINE MAINTENANCE SERVICE PROGRAM: VES NO NAME OF PROGRAM: VES NO NET OF FIRST FLIGHT:  SECTION II: COMPLETE IF FIRST TIME FLING OR FAY DHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FA ARE STREETED WONER NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FA ARE STREETED WONER NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FA ARE STREETED WONER NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FA ARE STREETED WONER NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FA ARE STREETED WONER NAME ADDRESS OF OWNER IF DIFFERENT FROM FA ARE STREETED WONER NAME AND ADDRESS OF OWNER O								BLADES			
ENGINE MAINTENANCE SERVICE PROGRAM: VES NO NAME OF PROGRAM: SERVICE PROGRA						SERVOS	MISCELLANEOUS				
NAME OF PROGRAM:  FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT:  SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME AND ADDRESS OF OWNER IP DIFFERENT FROM PAR REGISTERED OWNER  AND THE LAST CALENDAR YEAR  NAME AND ADDRESS OF OWNER IP DIFFERENT FROM PAR REGISTERED OWNER  AND THE LAST CALENDAR YEAR  ADDRESS WE COUNTY  BY THE LAST CALENDAR YEAR  AND THE LAST CALENDAR YEAR  ADDRESS WE COUNTY  AND THE LAST CALENDAR YEAR  AND THE		DATE OF LANDING GEAR OVERHAUL									
SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER NAME ADDRESS  CITY  STATE ZIP CODE COUNTY  IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE OF SALE SALE PRICE S  NEW OWNER NAME ADDRESS  CITY  STATE ZIP CODE COUNTY  FI MOVED JUNKED PARTED DESTROYED ABANDONED  ARE NEW LOCATION (IE MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  REPAIRS FOR SALE IN TRANSIT TO: CITY  STATE ZIP CODE COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  REPAIRS FOR SALE IN TRANSIT TO: OTHER  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (37) Proprietorship Date Ship Type Is LLC, PLEASE AT TACH A LEST OF MEMBERS NAMES.  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Partnership Other  J 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 belief it is true, correct, and complete and includes all property required to be reported which is word, claimed, possessed, 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 AUTHONIZED AGENT Or page or printed)  TITLE  REPHONE NUMBER  TITLE  THE PROPER'S NAME AND ADDRESS (hyped or printed)  TITLE  THE PROPER'S NAME AND ADDRESS (hyped or printed)  TITLE  THE PROPER'S NAME AND ADDRESS (hyped or printed)  TITLE  THE PROPER'S NAME AND ADDRESS (hyped or printed)  TITLE  THE PROPER'S NAME AND ADDRESS (hyped or printed)  TITLE  THE PROPER'S NAME AND ADDRESS (hyped or printed)	NA	ME OF PROGRAM:					DATE:				
NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER  NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED: DATE OF SALE  SALE PRICE  STATE ZIP CODE  COUNTY  COUNTY  COUNTY  EXPLANATION  ARCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALEY KEPT  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  AIRCRAFT WAS COUNTY  AIRCRAFT WAS COUNTY  AIRCRAFT WAS COUNTY  TRANSIT TO COUNTY  TRANSIT TO COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  AIRCRAFT WAS COUNTY  AIRCRAFT WAS COUNTY  THE COUNTY  THAT CHECK THE AIRCRAFT IS OR WAS IN THIS COUNTY  AIRCRAFT WAS COUNTY  THE COUNTY  TH	FO	R HOMEBUILT, KIT, OR EXPER	RIMENTAL AIRCRA	AFT, ENTER EXA	CT DATE OF FIR	ST FLIGHT:					
INME  CITY  STATE ZIP CODE  COUNTY  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  FOOL OR DONATED:  DATE OF SALE  SALE PRICE  NEW OWNER NAME  CITY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  F: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (F MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  STATE ZIP CODE  COUNTY  CITY  STATE ZIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:  REPAIRS FOR SALE NITRANSIT TO:  OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE (XI)  Proprietorship  Proprietorship  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  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 belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled.  NAME OF ASSESSEE OR AUTHORIZED AGENT' (byped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT' (byped or printed)  TILLE  PREPARER'S NAME AND ADDRIESS (byped or printed)  TELEPHONE NUMBER  TILLE  TILLE  TILLE  TELEPHONE NUMBER  TILLE  TILLE  TELEPHONE NUMBER  TILLE  TILLE  THE PROPER SALE STATE ALLES COUNTY  TILLE  THE PROPER SALE STATE ALLES COUNTY  TILLE  THE PROPER SALE SALE SALE SALE SALE SALE SALE SALE		The state of the s				LAST CALEND	AR YEAR				
FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  FROD OR DONATED: DATE OF SALE SALE SALE PRICES  NEW OWNER NAME  ADDRESS  CITY STATE ZIP CODE COUNTY  FINANCIAN CONTRACT  FINANCIAN CONTRACT  FINANCIAN CONTRACT  FINANCIAN CONTRACT  FINANCIAN CONTRACT  FINANCIAN CONTRACT  ARROPORTIFED WHERE NORMALLY BASED IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  IF OWNERSHIP TYPE (3)  POPPHERS IN THE COUNTY OF THE COUNTY O			DIFFERENT FROM								
FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED:  DATE OF SALE  SALE PRICE  SADDRESS  CITY  STATE ZIP CODE  COUNTY  F: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  CITY  STATE ZIP CODE  COUNTY  HANGARTHE-DOWN NO.  CITY  STATE ZIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY REPAIRS FOR SALE INTRANSIT TO:  OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LIC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (72)  POPICIOSTAIN DESTROYED WHERE NORMALLY KEPT  NOTHER:  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  Partnership  Corporation  Other  Other  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT'  DATE  NAME OF ASSESSEE OR AUTHORIZED AGENT'  DATE  TILE  THE PROPER SALES CONTROLL  TILE  TILE  TILE  TILE  THE PROPER SALES CONTROLL  TILE  TILE  TILE  TILE  THE PROPER SALES  THE PROPER SALES  TILE  THE PROPER SALES  THE PROPER SALES  THE PROPER SALES  TILE  THE PROPER SALES  THE PROPER SALES  THE PROPER SALES  THE PROPER SALES  TILE  THE PROPER SALES  TILE  THE PROPER SALES  THE PROPER SALES											
SALE PRICE   SALE PRICE PRICE   SALE PRICE	CIT	Y			STATE	ZIP CODE	COUNTY				
SALE PRICE   SALE PRICE PRICE   SALE PRICE		UDCDAET WAS SOLD ATTACH A	COMPLETE CORV.O	AE THE SALES COA	ITRACT						
NEW OWNER NAME  CITY  STATE ZIP CODE  COUNTY   F:   MOVED   JUNKED   PARTED   DESTROYED   ABANDONED  DATE   NEW LOCATION (IF MOVED)   COUNTY  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY    STATE ZIP CODE   COUNTY    STATE ZIP CODE   COUNTY    CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:   REPAIRS   FOR SALE   IN TRANSIT TO:											
IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORTIFBO WHERE NORMALLY KEPT  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:  OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (2)  Proprietorship Partnership Corporation Other Information of the State of California that I have examined this property distatement, 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 to be reported in the wint his 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  NAME OF ASSESSEE OR AUTHORIZED AGENTY  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TILLE  TOWNER  TILLE  TILLE  TILLE  TOWNER  TILLE  TILLE  TOWNER  TILLE  TOWNER  TILLE  TILLE  TOWNER  TILLE  TOWNER  TILLE  TOWNER  TILLE  TOWNER  TILLE  TOWNER  TOWNER  TILLE  TOWNER  TILLE  TOWNER  TOWN	`	SOLD ON BOILD ILE		A	FRICE						
IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  CITY  STATE ZIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE NOTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (2) Proprietorship Detrieship Corporation To the following declaration must be completed and signed. If you do not do so, it may result in penalties.  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 belief it 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  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TILE  NEED TOWNERS IN THIS COUNTY  TELEPHONE NUMBER  TILE  TILE  TILE  TILE  TILE  TILE  TILE  TILE  TILE  TOWNERS IN THIS COUNTY  TOWNERS IN TH	NE	W OWNER NAME		ADDR	RESS						
DATE    NEW LOCATION (IF MOVED)   ASKNOWLED   ASKNOWLE	CIT	Y		1 / V	STATE	ZIP CODE	COUNTY				
DATE NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALEY KEPT  HANGARTIE-DOWN NO.  CITY  STATE ZIP CODE COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:  OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (2)  Proprietorship Declaration By ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Partnership Corporation County 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  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT' (hyped or printed)  PREPARER'S NAME AND ADDRESS (hyped or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (hyped or printed)  TITLE  PREPARER'S NAME AND ADDRESS (hyped or printed)  TITLE	IF:	MOVED HINKED PA	RTED DESTR	OVED ARAND	ONED						
AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:  OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (Z) Proprietorship Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  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 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  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  PREPARER'S NAME AND ADDRESS (typed or printed)  TILLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE	DΔ			OTED ABAND	ONED		COUNTY				
AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:  OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (2) Proprietorship Partnership Corporation Comporation of the Composition of the Comporation of the Composition of	<i>D</i> / (	TE NEW EOO/(IIO)	(II MOVED)				CCCIVII				
AIRPORT/FBO WHERE NORMALLY KEPT  CITY  STATE ZIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (Z)  Proprietorship Proprietorship Corporation Corporation Include all property equived to be reported which is sowned, claimed, possessed, 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*  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE  TITLE  HANGAR/TIE-DOWN NO.  COUNTY  DATE  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE	EX	PLANATION									
AIRPORT/FBO WHERE NORMALLY KEPT  CITY  STATE ZIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (Z)  Proprietorship Proprietorship Corporation Corporation Include all property equived to be reported which is sowned, claimed, possessed, 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*  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE  TITLE  HANGAR/TIE-DOWN NO.  COUNTY  DATE  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE		COAST NOT HABITHALLY BASED	IN THIS COUNTY								
CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION. YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (I) Proprietorship Declaration must be completed and signed. If you do not do so, it may result in penalties.  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 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  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE							HANGAR/TIE-DOWN	NO.			
CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION. YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (I) Proprietorship Declaration must be completed and signed. If you do not do so, it may result in penalties.  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 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  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE											
ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (ID) Proprietorship	CIT	Υ			STATE	ZIP CODE	COUNTY				
ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (ID) Proprietorship	СН	ECK REASON AIRCRAFT IS OR WA	AS IN THIS COUNTY	: REPAIRS	FOR SALE	N TRANSIT TO:					
ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (☑) Proprietorship □ Corporation □ Other □ □ 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 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  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER  TITLE  TITLE  TITLE  PREPARER'S NAME AND ADDRESS (typed or printed)  TILE  TILE  PREPARER'S NAME AND ADDRESS (typed or printed)											
OWNERSHIP TYPE (SZ) Proprietorship Partnership Corporation Other O		ATTACH STATEMENT DEC	ADDING ANY AD	DITIONAL INFOR			CICT LIC IN VALUING V				
Proprietorship Partnership Corporation Other 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 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  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE								JUR AIRCRAFT.			
Proprietorship Partnership Corporation Other  Other  Other  Other  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  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 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  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TITLE  TITLE  TITLE  TITLE  TITLE	0	WNERSHIP TYPE (☑)		Г	DECLARATION	BY ASSESS	FF	_			
Corporation Other  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 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  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TILE  PREPARER'S NAME AND ADDRESS (typed or printed)  TILE  TILE  TILE  TILE	Pı	oprietorship Note	: The following d	_			<del></del>	esult in penalties.			
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TELEPHONE NUMBER  TITLE  TITLE  TITLE  TELEPHONE NUMBER  TITLE	Pa	Partnership									
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  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER  TITLE  TELEPHONE NUMBER  TITLE	C	OLDOLATION									
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE	0										
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER  PREPARER'S NAME AND ADDRESS (typed or printed)  TITLE  TITLE				ne person named	as the assessee i			y 1, 20			
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ( )	SIG	NATURE OF ASSESSEE OR AUTHORIZE	ED AGENT*			D	PATE				
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ( )	NA	ME OF ASSESSEE OR AUTHORIZED AGE	ENT* (typed or printed)			Т	ITLE				
	NA	ME OF LEGAL ENTITY (other than DBA) (t	lyped or printed)			F	EDERAL EMPLOYER ID NUMBE	ER			
E-MAIL ADDRESS	PR	EPARER'S NAME AND ADDRESS (typed o	or printed)	MBER T	TITLE						
	E-N	MAIL ADDRESS			/						

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 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.



EF-577-R07-0518-16000204