AIRCRAFT PROPERTY STATEMENT

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

PLEASE NOTE: This form must be filed timely with the



AUTOPILOT

GPS IFR

GLOBAL POSITI FLIGHT RULES

NUMBER OF AXIS FLIGHT DIRECTOR

SITIONING SYSTEM, INSTRUMENT

Nick Ceaglio Lassen County Assessor 220 S Lassen Street Susanville, CA 96130-4324 Phone: (530) 251-8241 http://www.lassencounty.org/dept/assessor/assessor

Assessor's office, regardl Aircraft Exemption Claim										
NAME AND MAILING (Make necessary corre	and mailing ac	nd mailing address)			FOR ASSESSOR'S USE ONLY					
L									_	
SECTION I: MUST BE COMP	ETED ANNU	ALLY							Λ	
1. FAA REGISTRATION NUMBER	ſ		HONE NUMBE	R AIRCR	AFT LOC	ATION (AIRPORT	, HANGAR OR	TIE-DOWN	NUMBER)	
MANUFACTURER			MODEL							YEAR BUILT
SERIAL NUMBER			PURCHA	ASE DATE	PURCH	IASE PRICE	D	ATE MOVE	D TO THIS CO	DUNTY
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSE <mark>SS</mark> EI	D IN AN <mark>OTH</mark> EI	R CALIFORN	1 *	TY, INDICATE CO		ND ASSES		3
			_					007		
FIXED BASE OPERATOR NAME				LASTMAJO		ME OVERHAUL	SATE: C	OST:		
2. AIRCRAFT CONDITION:										
WHEN PURCHASED	V 🗌 GOOI	D 🗌 A	VERAGE	POOR	DAMAG	GE HISTORY				
CURRENT	V 🗌 GOOI	А 🗌 А	VERAGE [POOR		YES NO IF	YES, SEE INST	RUCTIONS	SAND ATTACH	I STATEMENT.
INTERIOR NEW		2 🗌 A	VERAGE	POOR		MENT LEASED				
EXTERIOR NEW	V 🔄 GOOI	A 🗌 🤇	VERAGE	POOR		YES NO IF	YES, SEE INST	RUC <mark>TIO</mark> NS	S AND ATTACH	SCHEDULE.
3. TYPE OF USAGE:										
				RTER/TAX						IOW/MUSEUM
IF YOU CHECKED CHAR						GE MORE THAN			YES NO	
4. AVIONICS SUMMA)) AVERAGE, (P) F		RD FACTOR	RY AVIONICS.	
UNIT	ACQUISITION DATE	COST		ASSESSOR USE ONLY				COST NEW	CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR					RADAR					
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODE	ER				
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAG	NETIC INDICATOR				
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VLF VERY LOW F	REQUENCY				
NAVCOM #1					PHONE					
NAVCOM #2					RADAR					
TRANSPONDER AC					LORAN					
GLIDESLOPE						DIRECTION FINDER				
LOCALIZER					DME	IEASURING EQUIPMENT				
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR						IDITIONING				

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

BOOTS

AVIONICS

HF TRANSCEIVERS OTHER NON-FACTORY EF-577-R07-0518-18000080-2

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

PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

5.	ENGINE(S)	SINGLE	LEFT	RIGHT	6 TOTAL		DC .
	MAKE				6. IUIAL	AIRFRAME HOU	KO:
	MODEL						
	YEAR OF MANUFACTURE					COPTERS - HOURS SINC	
	HORSEPOWER				ENGINE	MAIN ROTOR	MAIN ROTOR
	HOURS SINCE NEW					BLADES	HEAD ASSEMBLY
	HOURS SINCE MAJOR OVERHAUL				MAST	MAST TRANSMISSION	TAIL ROTOR DRIVESHAFT
	TIME BETWEEN OVERHAULS (TBO)				TAIL ROTOR	TAIL ROTOR HUB	TAIL ROTOR
	HOURS SINCE MIDLIFE				GEARBOX	ASSEMBLY	BLADES
	DATE OF MAJOR OVERHAUL				SERVOS	MISCELLANEOUS	
	DATE OF LANDING GEAR OVERHAUL						
NA FO	GINE MAINTENANCE SERVICI ME OF PROGRAM: R HOMEBUILT, KIT, OR EXPER			CT DATE OF FIR			
	ME AND ADDRESS OF OWNER IF				LAST CALENDA		
NA	ME		ADDRI	SS			
	×						
CIT	Y			STATE	ZIP CODE	COUNTY	
	IRCRAFT WAS SOLD. ATTACH A		E THE SALES CON	TRACT			
	OLD OR DONATED: DATE OF S						
			\$				
NE)	W OWNER NAME		ADDR	ESS			
CIT	Y			STATE	ZIP CODE		
011							
IF:	MOVED JUNKED PA		OYED ABANDO				
DAT						COUNTY	
DA						COUNT	
EXF	PLANATION						
	CRAFT NOT HABITUALLY BASED						
AIR	PORT/FBO WHERE NORMALLY KE	<u>'P1</u>				HANGAR/TIE-DOWN	NO.
CIT	Y			STATE	ZIP CODE	COUNTY	
CHI	ECK REASON AIRCRAFT IS OR WA	S IN THIS COUNTY:		FOR SALE	TRANSIT TO:		
					THER:		
						IST US IN VALUING Y	OUR AIRCRAFT.
	ATTACH STATEMENT REG	ARDING ANY A <mark>DL</mark>	DITIONAL INFOR	MATION YOU FE	LL WOOLD ASS		
		ARDING ANY AD					
0\	NNERSHIP TYPE (☑)	IF OWNERSHIP T	YPE IS LLC, PLE	ASE ATTACH A L	IST OF MEMBE	RS NAMES.	
Pr	VNERSHIP TYPE (☑) oprietorship	IF OWNERSHIP T	YPE IS LLC, PLE	ASE ATTACH A L	IST OF MEMBE	RS NAMES.	esult in penalties.
Pr Pa	WNERSHIP TYPE (☑) oprietorship	IF OWNERSHIP T	YPE IS LLC, PLE C eclaration must t	ASE ATTACH A L DECLARATION De completed an	IST OF MEMBE BY ASSESSE d signed. If you	RS NAMES. E do not do so, it may r	•
Pr Pa Co	WNERSHIP TYPE (∅) oprietorship Note intnership I orporation I bor statemen	IF OWNERSHIP T The following de or declare) under (t, including accomp	YPE IS LLC, PLE C eclaration must t penalty of perjury panying schedules	ASE ATTACH A L DECLARATION be completed an a under the laws a, statements or out	IST OF MEMBE BY ASSESSE d signed. If you of the State of (her attachments,	RS NAMES. E do not do so, it may r California that I have ex and to the best of my k	camined this property nowledge and belief it
Pr Pa Co	WNERSHIP TYPE (∅) oprietorship Note intnership I orporation I bor statemen	IF OWNERSHIP T The following de or declare) under f t, including accomp prrect, and complete	YPE IS LLC, PLE Caclaration must to penalty of perjury panying schedules a and includes all	ASE ATTACH A L DECLARATION be completed an a under the laws a, statements or or property required	IST OF MEMBE BY ASSESSE d signed. If you of the State of (her attachments, to be reported with	RS NAMES. E do not do so, it may r California that I have ex and to the best of my k hich is owned, claimed, j	xamined this property nowledge and belief it possessed, controlled,
Pr Pa Co Ot	WNERSHIP TYPE (∅) oprietorship Note intnership I orporation I bor statemen	IF OWNERSHIP T :: The following de or declare) under f t, including accomp prrect, and complete or managed by th	YPE IS LLC, PLE Caclaration must to penalty of perjury panying schedules a and includes all	ASE ATTACH A L DECLARATION be completed an a under the laws a, statements or or property required	IST OF MEMBE BY ASSESSE d signed. If you of the State of (her attachments, to be reported with	RS NAMES. E do not do so, it may r California that I have e: and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar	xamined this property nowledge and belief it possessed, controlled,
Pr Pa Co Ot	WNERSHIP TYPE (∅) Note oprietorship □ Intnership □ oproration □ her □ is true, cc	IF OWNERSHIP T :: The following de or declare) under f t, including accomp prrect, and complete or managed by th	YPE IS LLC, PLE Caclaration must to penalty of perjury panying schedules a and includes all	ASE ATTACH A L DECLARATION be completed an a under the laws a, statements or or property required	IST OF MEMBE BY ASSESSE d signed. If you of the State of C her attachments, to be reported win this statement a	RS NAMES. E do not do so, it may r California that I have e: and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar	xamined this property nowledge and belief it possessed, controlled,
Pr Pa Co Ot SIG	WNERSHIP TYPE (∅) Note oprietorship □ Intnership □ oproration □ her □ is true, cc	IF OWNERSHIP T : The following de for declare) under (t, including accomp rrect, and complete or managed by th ED AGENT*	YPE IS LLC, PLE Caclaration must to penalty of perjury panying schedules a and includes all	ASE ATTACH A L DECLARATION be completed an a under the laws a, statements or or property required	IST OF MEMBE BY ASSESSE d signed. If you of the State of C her attachments, to be reported win this statement a	RS NAMES. E do not do so, it may r California that I have e: and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar TE	xamined this property nowledge and belief it possessed, controlled,
Pr Pa Cc Ot SIG	WNERSHIP TYPE (☑) oprietorship Note Irtnership I certify (orporation I statemen her is true, cc NATURE OF ASSESSEE OR AUTHORIZED AGE	IF OWNERSHIP T :: The following de for declare) under f t, including accomp orrect, and complete or managed by th ED AGENT* ENT* (typed or printed)	YPE IS LLC, PLE Caclaration must to penalty of perjury panying schedules a and includes all	ASE ATTACH A L DECLARATION be completed an a under the laws a, statements or or property required	IST OF MEMBE BY ASSESSE d signed. If you of the State of C her attachments, to be reported wh in this statement a DA	RS NAMES. E do not do so, it may r California that I have e: and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar TE LE	xamined this property nowledge and belief it possessed, controlled, y 1, 20
Pr Pa Cc Ot SIG	WNERSHIP TYPE (∅) oprietorship Note Intnership I certify (oproration I statemen her is true, co NATURE OF ASSESSEE OR AUTHORIZE	IF OWNERSHIP T :: The following de for declare) under f t, including accomp orrect, and complete or managed by th ED AGENT* ENT* (typed or printed)	YPE IS LLC, PLE Caclaration must to penalty of perjury panying schedules a and includes all	ASE ATTACH A L DECLARATION be completed an a under the laws a, statements or or property required	IST OF MEMBE BY ASSESSE d signed. If you of the State of C her attachments, to be reported wh in this statement a DA	RS NAMES. E do not do so, it may r California that I have e: and to the best of my k hich is owned, claimed, j at 12:01 a.m. on Januar TE	xamined this property nowledge and belief it possessed, controlled, y 1, 20
Pr Pa Co Ot SIG	WNERSHIP TYPE (☑) oprietorship Note Irtnership I certify (orporation I statemen her is true, cc NATURE OF ASSESSEE OR AUTHORIZED AGE	IF OWNERSHIP T :: The following de or declare) under f t, including accomp orrect, and complete or managed by th ED AGENT* ENT* (typed or printed) typed or printed)	YPE IS LLC, PLE Caclaration must to penalty of perjury panying schedules a and includes all	ASE ATTACH A L DECLARATION be completed an a under the laws a, statements or or property required	IST OF MEMBE BY ASSESSE d signed. If you of the State of C her attachments, to be reported wit this statement a DA TIT FEI	RS NAMES. E do not do so, it may r California that I have e: 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	xamined this property nowledge and belief it possessed, controlled, y 1, 20
Pr Pa Co Ot SIG	WNERSHIP TYPE (☑) oprietorship I Intnership I orporation I her is true, co NATURE OF ASSESSEE OR AUTHORIZED AG ME OF ASSESSEE OR AUTHORIZED AG ME OF LEGAL ENTITY (other than DBA) (it)	IF OWNERSHIP T :: The following de or declare) under f t, including accomp orrect, and complete or managed by th ED AGENT* ENT* (typed or printed) typed or printed)	YPE IS LLC, PLE Caclaration must to penalty of perjury panying schedules a and includes all	ASE ATTACH A L DECLARATION De completed an r under the laws r, statements or of property required as the assessee in	IST OF MEMBE BY ASSESSE d signed. If you of the State of C her attachments, to be reported wit this statement a DA TIT FEI	RS NAMES. E do not do so, it may r California that I have e: 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	xamined this property nowledge and belief it 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.

