EF-577-R05-0515-20000397-1 BOE-577 (P1) REV. 05 (05-15)

FILE RETURN BY:

AIRCRAFT PROPERTY STATEMENT

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



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

PLEASE NO	TE: Thi	s form mus	t be fil	ed timely	y wit	h the
Assessor's	office,	regardless	of the	status	of	any
Historical A	ircraft E	xemption C	laim. P	enalties	will	apply
if not filed.		-				

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) FOR ASSESSOR'S USE ONLY SECTION I: MUST BE COMPLETED ANNUALLY DAYTIME PHONE NUMBER AIRCRAFT LOCATION (AIRPORT, HANGAR OR TIE-DOWN NUMBER) **FAA REGISTRATION NUMBER** MANUFACTURER MODEL YEAR BUILT SERIAL NUMBER DATE MOVED TO THIS COUNTY **PURCHASE DATE** PURCHASE PRICE FOR AIRCRAFT PREVIOUSLY REGISTERED OR ASSESSED IN ANOTHER CALIFORNIA COUNTY, INDICATE COUNTY NAME AND ASSESSMENT YEARS FIXED BASE OPERATOR NAME LAST MAJOR AIRFRAME OVERHAUL DATE: COST: \$ **AIRCRAFT CONDITION:** DAMAGE HISTORY NEW GOOD **AVERAGE** POOR WHEN PURCHASED YES NO IF YES, SEE INSTRUCTIONS AND ATTACH STATEMENT. NEW GOOD **AVERAGE POOR CURRENT** EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED NEW POOR **INTERIOR** GOOD **AVERAGE** NEW **AVERAGE** YES NO IF YES, SEE INSTRUCTIONS AND ATTACH SCHEDULE. GOOD **POOR EXTERIOR** TYPE OF USAGE: PERSONAL/PLEASURE 💹 FLI<mark>G</mark>HT TRAININ<mark>G 💹 R</mark>ENTAL 🔛 C<mark>HA</mark>RTER/TAXI 🖊 B<mark>US</mark>IN<mark>ES</mark>S 💹 FRACTIONAL <mark>O</mark>WNERSHIP PROGRAM 💹 SHOW/MUSEUM IF YOU CHECKED CHARTER/TAXI, DO YOU USE THE AIRCRAFT IN COMMON CARRIAGE MORE THAN 50% OF THE TIME? YES NO NOTE: COMMON CARRIAGE DOES NOT INCLUDE FERRY FLIGHTS OR PART 91 OWNER FLIGHTS AVIONICS SUMMARY: REPORT ONLY ADDED OR REPLACED AVIONICS. DO NOT REPORT ORIGINAL STANDARD FACTORY AVIONICS. FOR CONDITION, PLEASE ENTER (N) NEW, (A) AVERAGE, (P) POOR. **ACQUISITION** COST ASSESSOR USE ONLY **ACQUISITION** COST ASSESSOR UNIT CONDITION UNIT **USE ONLY** NEW DATE NEW DATE RADAR ALTIMETER RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR ENCODER TAWS TERRAIN AWARENESS WARNING SYSTEM EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM VLF VERY LOW FREQUENCY TCAS
TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM NAVCOM #1 PHONE NAVCOM #2 RADAR LORAN TRANSPONDER A___ C_ GLIDESLOPE ADF AUTOMATIC DIRECTION FINDER LOCALIZER DISTANCE MEASURING EQUIPMENT

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

AIR CONDITIONING

HF TRANSCEIVERS HIGH FREQUENCY OTHER NON-FACTORY

BOOTS

AVIONICS



COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATO

GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES

NUMBER OF AXES FLIGHT DIRECTOR

AUTOPII OT

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BOE-577 (P2) REV. 05 (05-15)) SECTION 1: (continued)

PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

AIRFRAME HOURS:								
ENGINE(S)	SINGLE	LEFT	RIGHT	FOR HELI	COPTERS - HOURS SINC	TERS - HOURS SINCE MAJOR OVERHAUL:		
MAKE				ENGINE	MAIN ROTOR BLADES	MAIN ROTOR HEAD ASSEMBLY		
MODEL				MAST	MAST	TAIL ROTOR		
YEAR OF MANUFACTURE				IVIAOT	TRANSMISSION	DRIVESHAFT		
HORSEPOWER				TAIL ROTOR GEARBOX	TAIL ROTOR HUB ASSEMBLY	TAIL ROTOR BLADES		
HOURS SINCE NEW				SERVOS	MISCELLANEOUS	BENDEO		
HOURS SINCE MAJOR OVERHAUL								
TIME BETWEEN OVERHAULS (TBO)								
HOURS SINCE MIDLIFE								
DATE OF MAJOR OVERHAUL								
DATE OF LANDING GEAR OVERHAUL	<u> </u>							
ENGINE MAINTENANCE SERV	ICE PROGRAM: [YES NO						
NAME OF PROGRAM: FOR HOMEBUILT, KIT, OR EXP	EDIMENITAL AIRC	DAET ENTED EX	VACT DATE OF I	ENROLLMENT	T DATE:			
SECTION II: COMPLETE IF FIR					DAR YEAR	71		
NAME AND ADDRESS OF OWNER		M FAA REGISTERE	D OWNER	IL EAUT GALLIN	SAIL LEAIL			
NAME		ADI	DRESS					
CITY			ST	ATE ZIP CODE	COUNTY			
_					000	_		
IF AIRCRAFT WAS SOLD, ATTACH	A COMPLETE COP	Y OF THE SALES C	CONTRACT					
IF SOLD OR DONATED: DATE OF	SALE		LE PRICE					
NEW OWNER NAME		\$ AD	DRESS					
CITY			ST	ATE ZIP CODE	COUNTY			
		TROYED ABAI	NDONED		COUNTY			
DATE NEW LOCATION	ON (IF MOVED)				COUNTY			
EXPLANATION								
AIRCRAFT NOT HABITUALLY BAS	ED IN THIS COUNT	v .		$\overline{}$				
AIRPORT/FBO WHERE NORMALLY					HANGAR/TIE-DOV	VN NO.		
OUTV								
CITY			ST	ATE ZIP CODE	COUNTY			
CHECK REASON AIRCRAFT IS OR	WAS IN THIS COUN	TY: REPAIRS	FOR SALE	IN TRANSIT TO:				
				OTHER:				
ATTACH STATEMENT R	EGARDING ANY A	ADDITIONAL INFO	ORMATION YOU	FEEL WOULD AS	SSIST US IN VALUING	YOUR AIRCRAFT.		
	IF OWNERSHIE	TYPE IS LLC, P		A LIST OF MEME				
OWNERSHIP TYPE (☑)	ote. The following	declaration mus		ON BY ASSESS	SEE ou do not do so, it may	v result in penalties		
Partnership / / certify	y (or declare) und	er penalty of perj	ury under the la	ws of the State o	f California that I have	examined this property		
Corporation						y knowledge and belief it		
is true					eported which is owne t at 12:01 a.m. on Janua	ed, claimed, possessed, arv 1. 20		
SIGNATURE OF ASSESSEE OR AUTHOR		, ,			DATE			
<u> </u>								
NAME OF ASSESSEE OR AUTHORIZED	AGENT* (typed or printe	d)			TITLE			
NAME OF LEGAL EXPERIENCE OF THE PARTY OF THE	A) (()					1050		
NAME OF LEGAL ENTITY (other than DBA	i) (typed or printed)				FEDERAL EMPLOYER ID NUM	NRFK		
PREPARER'S NAME AND ADDRESS (type	ed or printed)		TELEPHONE	NUMBER	TITLE			
THE AIREN O NAME AND ADDITEDS (LYP)	sa or primou)		()	HOWIDER				
E-MAIL ADDRESS			/					

*AGENT: SEE INSTRUCTIONS FOR DECLARATION BY ASSESSEE. 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, 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.



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