_ MISCELLANEOUS PROPERTY STATEMENT

OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20___. 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 Code section 463. This statement is not a public document. The information contained herein will be held secret by the Assessor (Code section 451); it can be disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.

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Shelly Scott

Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C San Rafael, CA 94913

Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

(File a separate statement for each location)

2. LOCATION OF THE PROPERTY:

Code section 408. Attached	i scriedules are considered to	eet Address					
1. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)							
				3. <u>D</u>	YOU OWN THE LAN	D AT THIS LOCATION	?
					Yes No		
					es, is the name on yo		
				re	corded as shown on t	his statement. 🔲 Y	es 🔲 No
		OCAL PHONE NUMBER() Mail Address (optional)					
1					RANS:		
_						r veterans' <mark>exem</mark> ption	?
Tangible property owned, c	laimed, posse <mark>sse</mark> d, controlled ventories are exempt from t	d, or managed by you at this logarity and should not be re	ocation at 12 <mark>:01</mark> a.m., Janu ported for 1980 and future		Yes No		
Do not report property eligi	ble for this exemption.	Addion and should not be re	Solitor 15. 1555 una rata.	1179	ves, a separate "Claim th Assessor on or befo		on" form must be filed
				VVI	til Assessor off of beit	ore rebruary 13.	
DESC	CRIPTION OF PROPERTY	DATE AC			REMARKS		ASSESSOR'S
5. SUPPLIES		XXX					USE ONLY
6. EQUIPMENT		XXX					
	uipment held on January 1, la						
a. Total cost of all equ	ulpinent neid on January 1, 18	ist year	^				
b Fauinment scauir	ed since January 1, last year	XXX	x x x x x				
D. Equipment acquire	ed since January 1, last year	^^^	^ ^ ^ ^				
	ad af air as January 1 Jantuary	V V V	x xxxx				
c. Equipment dispos	ed of since January 1, last yea	ır XXX	* * * * *				
d Tatal and of all and	vianus aut la alal au (aut. aut. 1 d	V.V.V.	V				
	uipment held on January 1, tl	nis year X X X	^				
7. OTHER (describe)							
	EHOLD IMPROV <mark>EM</mark> ENTS: nd retirements in detail)	MONTH & N	/EAR				
INSTRUCTIONS:			TOTAL FULL				
Line 5. Enter the cost of you Line 6. List individually iter		e January 1 of last year. Addition	nal sheets may be attached	The figure to	VALUE		
be entered on line	d may be computed by adding	the figures for lines a and b and	subtracting the figure for lin	e c.	PERSONAL PROPE	RTY	
Line 7. Enter the date acqu tached.	nis location. Additional sheet	ts may be at-	FIXTURES				
Line 8. Describe in detail and show the cost of all additions and retirements to your buildings, or to your the buildings of your landlord during the year being reported. Do not repeat items that were inc					(IMPROVEMENTS)		
the buildings of you	ir landlord during the year bein	3 1				DDOCECCINIC DA	TA
DECLARATION BY ASS						PROCESSING DA	
OWNERSHIP TYPE (4)	Note: The	following declaration mus	st be completed and result in penalties.		OPERATION	BY	DATE
` '	,	s of the State of California that I		ANALYZED			
Partnership	have examined this	COMPUTED					
orporation statements or other attachments, and to the best or other attachments and includes all pro-					APPRAISED		
Other	which is owned, claime	REVIEWED					
	l .	tatement at 12:01 a.m. on					
SIGNATURE OF ASSESSEE OR AU	DATE		POSTED TO:				
	RIZED AGENT* (typed or printed)		TITLE				
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)			IIILE				
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)			FEDERAL EMPLOYER ID NUMBER		TAX AREA CODE:		
Accesses (AM) as a boundary					BUS. CODE:		
PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER			TITLE		505. CODL.		

THIS STATEMENT SUBJECT TO AUDIT



 $[\]hbox{*Agent: see back for Declaration by Assessee instructions.}\\$

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.



