EF-577-R07-0518-24000222-1 BOE-577 (P1) REV. 07 (05-18)

## **AIRCRAFT PROPERTY STATEMENT**

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



# MERCED COUNTY MATT H. MAY, ASSESSOR

2222 M STREET
MERCED, CA 95340
TELEPHONE (209) 385-7631
FAX (209) 725-3956
www.co.merced.ca.us\assessor

FILE RETURN BY:		_								
PLEASE NOTE: This form Assessor's office, regardle Aircraft Exemption Claim.	ess of the st Penalties v	atus of a	ny Historic	al			EOD AS	SESSOP'S	S USE ONLY	
(Make necessary corre		inted name a	and mailing ad	(dress)	¬ _		FORAS	3E33UK 3	USE UNLI	
SECTION I: MUST BE COMPL	ETED ANNU	ALLY							$\Lambda$	
1. FAA REGISTRATION NUMBER	1	DAYTIME PH	ONE NUMBE	R AIRCR	AFT LOC	ATION (AIRPORT	, HANGAR OR	ΓΙΕ-DOWN	NUMBER)	
N MANUFACTURER			MODEL							YEAR BUILT
SERIAL NUMBER			PURCHA	SE DATE		ASE PRICE	D	ATE MOVE	D TO THIS CO	UNTY
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSE <b>SS</b> ED	IN ANOTHER	R CALIFORNI	S A COUN	Y. INDICATE CO	UNTY NAME AN	ID ASSESS	MENT YEARS	 S
FIXED BASE OPERATOR NAME				LAST MAJOF	RAI <mark>RF</mark> RA	ME OVERHAUL I	DATE: C	OST:		
2. AIRCRAFT CONDITION:							Ψ			
WHEN PURCHASED NEV	V G00	)	VERAGE	POOR	ΡΑΜΑ	SE HISTORY				
CURRENT NEV			VERAGE	POOR	_		YES, <i>SEE INST</i>	RUCTIONS	S AND ATTACK	H STATEMENT
INTERIOR NEV			VERAGE	POOR		MENT LEASED				
EXTERIOR NEV			VERAGE	POOR		YES NO IF	YES, SEE INST	RUC <mark>TIO</mark> NS	S AND ATTACH	1 SCHEDULE.
3. TYPE OF USAGE:				_						
PERSONAL/PLEASURE F	L <mark>IG</mark> HT TRAINI	IG REN	TAL CHA	RTER/TAX	BUSI	NESS 🔲 FRAC	TIONAL OWNER	RS <mark>HIP</mark> PRO	GRAM SH	HOW/MUSEUM
IF YOU CHECKED CHART						GE MORE THAN GHTS OR PART			/ES NO	
4. AVIONICS SUMMA									RY AVIONICS.	
			TION, PLEAS	T	NEW, (A	) AVERAGE, (P) F			1	
UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY		UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR						ALTIMETER				
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODE	:R				
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAGI	NETIC INDICATOR				
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VLF VERY LOW F	REQUENCY				
NAVCOM #1					PHONE					
NAVCOM #2					RADAR					
TRANSPONDER A C					LORAN					
GLIDESLOPE					ADF	DIRECTION FINDER				
LOCALIZER					DME	EASURING EQUIPMENT				
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR						DITIONING				
AUTOPILOT NUMBER OF AXIS					BOOTS					
FLIGHT DIRECTOR					HF TRAN	ISCEIVERS				
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES						NON-FACTORY				

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  ADDRESS  CITY  STATE ZIP CODE COUNTY  FE AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  FOLD OR DONATED: DATE OF SALE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE COUNTY  FE AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  PROMEINSHIP TYPE IS!  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  IN TARK THE PROPER IS A CHECK THE AIR AIRCRAFT IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  IN THE PROPER IS A CHECK THE AIR AIRCRAFT IS ON THE STATE IS OR WAS IN THIS COUNTY  CHECK REASON AIRCRAFT I		YEAR OF MANUFACTURE					THOOPTEDS HOUSE WAS ALVEST CATEFORM				
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 DIFFERNT FROM MA REGISTERD OWNER NOME  TO STATE JIP CODE  OUNTY  STATE JIP CODE  COUNTY  STATE JIP CODE  COUNTY  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FROUD OR DONATED: DATE OF MACK OVER IN THE MACK OF THE M		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 SERVICE PROGRAM: SERVICE SERVICE PROGRAM: SERVICE SER		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)  PROMISENING HIS PRICE IS THE FILING OF DEPAIRS OF THE MAJOR ANY ADDITIONAL INFORMATION OUT FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  FOR OWNERSHIP TYPE (2)  PROMISENING HIS PRICE IS THE FILING OF THE MAJOR OF TH		<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  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY  AIRCRAFT WAS COUNTY  AIRCRAFT WAS COUNTY  TRANSIT TOO  THANKS OF A SESSESE  NOTE: THE COUNTY  THE LEPHONE NUMBER  TILE  PREPARE SNAME AND ADDRESS (typed or printed)  TILE  PREPARE SNAME AND ADDRESS (typed or printed)  TILE  THE EPHONE NUMBER  TILE  THE PROVE OF ASSESSEE OR AUTHORIZED AGENT ' Opped or printed)  TILE  THE PROVE OF ASSESSEE OR AUTHORIZED AGENT ' Opped or printed)  TILE  THE PROVE NUMBER  THE PROVE OF ASSESSEE OR AUTHORIZED AGENT ' Opped or printed)  TILE  THE PROVE OF A SESSES OR AUTHORIZED AGENT ' O	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  TILLE  TELEPHONE NUMBER  TILLE  TILLE  THE PROPER SALE STATE ALLES COUNTY  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  IF OWNERSHIP TYPE (3)  POPPERIOR OF THE IS CLUB A COUNTY  DECLARATION BY A SSESSEE  NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  OWNERSHIP TYPE (3)  POPPERIOR OF ASSESSEE OR AUTHORIZED AGENT'  IN TRANSIT TO:  DECLARATION BY A SSESSEE  NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  OF THE COUNTY OF THE CO			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 OF MEMBERS NAMES.  OWNERSHIP TYPE (73)  POPICIOSTAIN OF MEMBERS NAMES.  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 Gother and includes all property required to be reported which is owned, claimed, possessed, controlled, or manage schedules, statements or other attachments, involved penalty of penipy under the laws of the State of Californic that I have examined this property schedules, statements or other attachments, involved penalty of penipy under the laws of the State of Californic that have examined this property schedules, statements or other attachments, involved penalty of penipy under the laws of the State of Californic that have examined this property required to be reported which is owned, claimed, possessed, controlled, or manage as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT' (Oped or printed)  NAME OF LEGAL ENTITY (other than OBA) (upped or printed)  TILE  NAME OF LEGAL ENTITY (other than OBA) (upped or printed)  TILE  PREPARER'S NAME AND ADDRESS (Upped or printed)											
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 winth 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  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.  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' (hyped or printed)  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TITLE  PREPARER'S NAME AND ADDRESS (typed or printed)  TITLE  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)  TELEPHONE NUMBER  TITLE  TITLE	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	ornoration									
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											
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

\*AGENT: SEE INSTRUCTIONS FOR DECLARATION
BY ASSESSEE.

\*\*EFT7.007.0618.04000222



### **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-R07-0518-24000222