AIRCRAFT PROPERTY STATEMENT

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

NAME AND MAILING ADDRESS

PLEASE NOTE: This form must be filed timely with the Assessor's office, regardless of the status of any Historical Aircraft Exemption Claim. Penalties will apply if not filed.

FILE RETURN BY:

NONTERED CELEFO DELETO 1850 - UN

Xochitl Marina Camacho Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

FOR ASSESSOR'S USE ONLY

(Make necessary corr	ections to the pr	inted name ar	nd mailing ad	ldress)			FURAS	SESSUR	5 USE UNLT	
Г					Г					
I					1					
SECTION I: MUST BE COMP										
					AFTLOCI					
1. FAA REGISTRATION NUMBER				AIRCR	AFTLUCA	ATION (AIRPORT	, HANGAR OR	TE-DOWN	NUNDER)	
MANUFACTURER			MODEL							YEAR BUILT
SERIAL NUMBER			PURCHA	SE DATE	PURCH	ASE PRICE	D/	ATE MOVE	D TO THIS CO	DUNTY
		10050055			\$					
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSESSED	IN ANOTHEI	R CALIFORNI	A COUNT	Y, INDICATE CO	UNTY NAME AN	ID ASSES	SMENT YEAR	S
FIXED BASE OPERATOR NAME						ME OVERHAUL I		OST:		
							\$	0 0 m		
2. AIRCRAFT CONDITION:										
WHEN PURCHASED			ERAGE	POOR	DAMAG					
			ERAGE	POOR		YES NO IF	YES. SEE INST	RUCTIONS	S AND ATTACH	STATEMENT.
			ERAGE			IENT LEASED				
EXTERIOR NEV			ERAGE							
3. TYPE OF USAGE:										
										HOW/MUSEUM
IF YOU CHECKED CHAR										
						GHTS OR PART				
4. AVIONICS SUMMA								D FACTO	RY AVIONICS.	
	1		ION, PLEAS		NEW, (A)	AVERAGE, (P) F				
UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY		UNIT	DATE	COST NEW	CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM					RADAR A	LTIMETER				
MONITOR										
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODE	R				
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM						ETIC INDICATOR				
TCAS					VLF					
TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VERY LOW FF	REQUENCY				
NAVCOM #1 NAVCOM #2					PHONE					
TRANSPONDER					LORAN					
A C					LONAN					
GLIDESLOPE						RECTION FINDER				
LOCALIZER					DME					
					DISTANCE ME					
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR						DITIONING				
AUTOPILOT NUMBER OF AXIS					BOOTS					
FLIGHT DIRECTOR					HF TRAN					
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER N AVIONICS	ON-FACTORY				
ι	THE DECLAR	RATION BY	ASSESSE	F ON PAGE	2 MUST	BE COMPLE	FD AND SIG	NED	1]

THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGN THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION EF-577-R07-0518-27000071-2

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

PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

Control of the set of the se						_				
NORE TOR HELICOPTERS - HOURS SINCE MAJOR OVERNUM HOURS SINCE HEW HOURS SINCE MAJOR OVERNUM HEW OF MAJOR OVERNUM HEUROSTRIK HEW OF MAJOR OVERNUM HEUROSTRIK HEW OF MAJOR OVERNUM TOK, KEYTER MARE OF PROGRAM: ENROLLMENT DATE: HEW OF MAJOR OVERNUM TOK, KEYTER MARE OF ORDORATED: DATEOPERST THE FLOW ON ONL ANY CHANGES WITHIN THE LAST CALENDAR YAR MARE OF OWNER THAN FOR THE FLOW THE SALES CONTRACT SOUTHY SOUTH MAJOR OVERNUM DATEOPERST THE FLOW THAN CHANGES WITHIN THE LAST CALENDAR YAR MARE OF OWNER THAN END THE SALES CONTRACT SOUTHY SOUTH MAJOR OVERNUM DATEOPERSUE SOUTHY MERON ADDORESS OF OWNER THE OF THE FLICT THE SALES CONTRACT	5.	ENGINE(S)	SINGLE	LEFT	RIGHT	6. TOTA	L AIRFRAME HOU	RS:		
INDER OF MANUFACTURE INDER OF MANUFACTURE <td< td=""><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td></td<>						_				
HORSEPOWER FOR HELCOTTER - HOURS BANKE ANJOR OVERHAUL HOURS BINCE HAW HOURS BINCE HAW HOURS BINCE HAW HOURS BINCE HAW HOURS BINCE HAW HOURS BINCE HAW LINE BETWEEN OVERHAUL HAW LINE BETWEEN OVERHAULS (100) HAW LINE DETWEEN OVERHAULS (100) HAW LINE OF LANDER GEBAR DESTRIATION HAW LINE OF LANDER GEBAR DESTRIATION NORMER HAW MARE OF PROGRAM: HAW LINE OF LANDER GEBAR DESTRIATION NORMER HAW MARE OF PROGRAM: HAW LINE OF OWNERT FOR FREET FROM THE ALSE CONTRACT STATE [2P CODE COUNTY ALE OF PROGRAM: STATE [2P CODE COUNTY TY STATE [2P CODE COUNTY HAW HADDERSE COUNTY HAW MARE OF PROGRAM: PROGRAM COUNTY HAW GUID OR DONATED: PARTED						_				
HOURS BNOK MAD OVERMULA. HAMA BOTOR HOURS BNOK MAD OVERMULA. HAMA BOTOR MADE DETERMINATION OVERMULA. HAMA BOTOR MADE OF PROCENTIALA. HAMO PROVENUE MADE OF PROCENTIAL AND CORPORTING HAMA BOTOR HAMA BOTOR MADE OF PROCENTIAL AND HAMA BOTOR HAMA BOTOR HAMA BOTOR MADE OF PROCENTIAL AND HAMA BOTOR HAMA BOTOR HAMA BOTOR MADE OF PROCENTIAL AND HAMA BOTOR HAMA BOTOR MADE O	YEAR OF	MANUFACTURE				FOR HEL	LICOPTERS - HOURS SINC	E MAJOR OVERHAUL		
HOURS BINCE MALCE OVERHALL MAST THALE STRUED OVERHALL TAR. ROTOR HOURS BINE DURLE E GRANCE A SARADARY IN THE AST CALENDARY INTERNALY INTO THE AST CALENDARY IN THE AST CALENDARY I						ENGINE				
Intelline Wiele Oversieuus (RID) Intelline Wiele Oversieuus			L			MAST	MAST	TAIL ROTOR		
Lance or MAGRO OVERHAUL Image: Service PROGRAM: Image: Service PROGRAM: <td></td> <td></td> <td>O)</td> <td></td> <td></td> <td></td> <td>TAIL ROTOR HUB</td> <td>TAIL ROTOR</td>			O)				TAIL ROTOR HUB	TAIL ROTOR		
Tate or LANDING GEAR OVERHAUL						_		BLADES		
WINE MAINTENANCE SERVICE PROGRAM. YES NO AME OF PROGRAM: ENROLLMENT DATE: ENROLLMENT DATE: WINE MAINTENANCE SERVICE PROGRAM. ENROLLMENT DATE: ENROLLMENT DATE: RHOMEBULT, KI, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLICHT: ENTOLLMENT DATE: OUNTY MARE AND ADDRESS OF OWNER IF DIFFERENT FROM FAR AREDISTERED OWNER MAINTENDERS COUNTY AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT SOLD OR DONATED: DATE OF PRUE ISALE FRICE SWI OWNER NAME ADDRESS STATE ZIP CODE COUNTY AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT STATE ZIP CODE COUNTY AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT SOLD OR DONATED: DATE OF PRUE MONED DATE OF PRUE ISALE FRICE COUNTY AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT COUNTY COUNTY STATE ZIP CODE COUNTY CHONED DATE OF PRUE INFORMATION RECARD AIRCRAFT IS ON WAS IN THIS COUNTY REPARES FOR SALE INTRANSIT TO: COUNTY ETATE ZIP CODE COUNTY COUNTY VECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY <t< td=""><td></td><td></td><td></td><td></td><td></td><td>SERVOS</td><td>MISCELLANEOUS</td><td></td></t<>						SERVOS	MISCELLANEOUS			
AME OF PROGRAM: ENCLOSE PROGRAM: ENTITY A LARCRAFT, ENTER EXACT DATE OF FIRST FLIGHT. ENTITY ENTER EXACT DATE OF FIRST FLIGHT. ENTITY ENTITY ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER IN A REGISTERED IN THIS COUNTY OF A REPARE FOR SALE IN THIS COUNTY OF A REPARE FOR SALE IN THIS COUNTY IN A REPART OF THANKING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR ARCRAFT. IF OWNERGENT IN A RESIST ON IN VALUING YOUR ARCRAFT. IF OWNERGENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR ARCRAFT. IF OWNERGANT AND A REGISTERED IN THE COUNTY OF THE FLICT PLASE ATTACH HERE ON A REGIST IN A RESIST ON IN VALUING YOUR ARCRAFT. IF OWNERGENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR ARCRAFT. IF OWNERGENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR ARCRAFT. IF OWNERGENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR ARCRAFT. IF OWNERGENT RE										
AME ADDRESS TY STATE ZIP CODE COUNTY AIRCRAFT WAS SOLD, ATTACH & COMPLETE COPY OF THE SALES CONTRACT SOLD OR DONATED: DATE OF SALE SALE PRIOE SALE PRIOE SALE PRIOE SALE PRIOE SALE PRIOE SALE PRIOE COUNTY COUNTY STATE ZIP CODE COUNTY	AME OF P OR HOME	ROGRAM: BUILT, KIT, OR EXI COMPLETE IF FI	PERIMENTAL AIRCRAF	T, ENTER EXA	ES WITHIN THI	RST FLIGHT:				
AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT SOLD OR DONATED: DATEO PARTE PARTE SALE PRIOE SALE PRIOE ADDRESS TY TY DATE ADDRESS TY COUNTY TY DATE NEW LOCATION OF MOVED ABANDONED TTE NEW LOCATION OF MOVED COUNTY CPLANATION RCRAFT NOT HABITUALLY BASED IN THIS COUNTX RPORTIFED WHERE NORMALLY KEPT TY STATE TY	NAME AND A	DDRESS OF OWNER	R IF DIFFERENT FROM FA					-		
AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT SOLD OR DONATED: DATEO PARTE PARTE SALE PRIOE SALE PRIOE ADDRESS TY TY DATE ADDRESS TY COUNTY TY DATE NEW LOCATION OF MOVED ABANDONED TTE NEW LOCATION OF MOVED COUNTY CPLANATION RCRAFT NOT HABITUALLY BASED IN THIS COUNTX RPORTIFED WHERE NORMALLY KEPT TY STATE TY								-		
SOLD OR DONATED: DATE OF SALE SALE PRIGE ADDRESS ADDRESS TY ISTATE ZIP CODE COUNTY EW OWNER NAME DATE OF SALE STATE ZIP CODE COUNTY I'I' ISTATE ZIP CODE COUNTY I'I' NEW LOCATION (IF MOVED) COUNTY PLANATION RECRAFT NOT HABITUALLY BASED IN THIS COUNTY COUNTY PLANATION RECRAFT NOT HABITUALLY BASED IN THIS COUNTY HANGARTIE-DOWN NO. TY STATE COUNTY HECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY REPAIRS POR SALE IN TRANSIT TO: I'T I'TATE OF HERE COUNTY HECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY REPAIRS POR SALE IN TRANSIT TO: I'T I'TATE OF TATE MENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. I'TATE OF MEMBERS NAMES. DWINERSHIP TYPE (Z) DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I'Anter HER AND ADDRESS (typed or printed) I'TLE I'TLE ORMATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE ANTE I'CENTLI'S COULD AG	CITY				SIA	TE ZIP CODE	COUNTY			
SOLD OR DONATED: DATE OF SALE SALE PRIGE ADDRESS ADDRESS TY ISTATE ZIP CODE COUNTY EW OWNER NAME DATE OF SALE STATE ZIP CODE COUNTY I'I' ISTATE ZIP CODE COUNTY I'I' NEW LOCATION (IF MOVED) COUNTY PLANATION RECRAFT NOT HABITUALLY BASED IN THIS COUNTY COUNTY PLANATION RECRAFT NOT HABITUALLY BASED IN THIS COUNTY HANGARTIE-DOWN NO. TY STATE COUNTY HECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY REPAIRS POR SALE IN TRANSIT TO: I'T I'TATE OF HERE COUNTY HECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY REPAIRS POR SALE IN TRANSIT TO: I'T I'TATE OF TATE MENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. I'TATE OF MEMBERS NAMES. DWINERSHIP TYPE (Z) DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. I'Anter HER AND ADDRESS (typed or printed) I'TLE I'TLE ORMATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE ANTE I'CENTLI'S COULD AG										
EW OWNER NAME State ADDRESS TY ISTATE ZIP CODE COUNTY Image: Image										
EW OWNER NAME ISTATE ZIP CODE COUNTY TY ISTATE ZIP CODE COUNTY Image: Im	SOLD OR I	DONATED. DATE C	JF SALE		PRICE					
Image:	IEW OWNEF				RESS					
Image:										
ATE	ITY				STA	TE ZIP CODE	COUNTY			
ATE										
RPLANATION RCRAFT NOT HABITUALLY BASED IN THIS COUNTY RPORT/FBO WHERE NORMALLY KEPT TY STATE ZIP CODE COUNTY HECK 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 (2) DECLARATION BY ASSESSEE DYNNERSHIP TYPE (2) DECLARATION BY ASSESSEE Orprietorship I. certify (or declare) under penalty of perjury under the laws of the State of California that 1 have examined this proper statements, including accompanying schedules, statements or other attachments, and to the best of my knowledge and beliel or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 GNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE AME OF LEGAL ENTITY (where then DBA) (typed or printed) TITLE AME OF LEGAL ENTITY (where then DBA) (typed or printed) TELEPHONE NUMBER TITLE MAIL ADDRESS THIS STATEMENT IS SUBJECT TO AUDIT THIS STATEMENT IS SUBJECT TO AUDIT				/ED ABAND						
RCRAFT NOT HABITUALLY BASED IN THIS COUNTY RPORTIFIED WHERE NORMALLY KEPT TY STATE ZIP CODE COUNTY HECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE INTRANSIT TO: UP OTHER: INTRANSIT TO: OTHER: ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATIONYOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (2) DECLARATION BY ASSESSEE DWNERSHIP TYPE (2) DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. 2*annership I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper statements in and complete and includes all proper youried to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement 12:01 a.m. on January 1, 20 IGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE AME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE MERPARERS NAME AND ADDRESS (typed or printed) TILE MERPARERS THIS STATEMENT IS SUBJECT TO AUDIT	DATE	NEW LOCAT	ION (IF MOVED)				COUNTY			
RCRAFT NOT HABITUALLY BASED IN THIS COUNTY RPORTIFIED WHERE NORMALLY KEPT TY STATE ZIP CODE COUNTY HECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE INTRANSIT TO: UP OTHER: INTRANSIT TO: OTHER: ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATIONYOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (2) DECLARATION BY ASSESSEE DWNERSHIP TYPE (2) DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. 2*annership I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper statements in and complete and includes all proper youried to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement 12:01 a.m. on January 1, 20 IGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE AME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE MERPARERS NAME AND ADDRESS (typed or printed) TILE MERPARERS THIS STATEMENT IS SUBJECT TO AUDIT	XPI ANATIO	N								
RPORT/FBO WHERE NORMALLY KEPT HANGAR/TIE-DOWN NO. TY STATE ZIP CODE COUNTY HECK 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. DWNERSHIP TYPE (C) DECLARATION BY ASSESSEE Proprietorship Icertify (or declare) under penalty of perjury under the laws of the State of California that I have examined this property required to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 IGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE AME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE MEE OF LEGAL ENTITY (other than DBA) (typed or printed) TELEPHONE NUMBER REPARERS NAME AND ADDRESS THIS STATEMENT IS SUBJECT TO AUDIT										
TY STATE ZIP CODE COUNTY HECK 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 (C) DECLARATION BY ASSESSEE Devolution of the complete 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 proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement 12:01 a.m. on January 1, 20 IGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE AME OF LEGAL ENTITY (other than DBA) (typed or printed) TILE REPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER MAIL ADDRESS THIS STATEMENT IS SUBJECT TO AUDIT		OT HABITUALLY BA	SED IN THIS COUNTY							
HECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER: OTHER: ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (2) DECLARATION BY ASSESSEE DVNVERSHIP TYPE (2) DECLARATION BY ASSESSEE Orporation I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20	AIRPORT/FB	O WHERE NORMALL	Ү КЕРТ				HANGAR/TIE-DOWN	NO.		
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. DWNERSHIP TYPE (0) Proprietorship DCrporation Complete and includes all property required 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 properties tatement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 GINATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE AME OF ASSESSEE OR AUTHORIZED AGENT* Upped or printed) TITLE AME OF LEGAL ENTITY (ather than DBA) (typed or printed) TELEPHONE NUMBER TITLE MARE OF LEGAL ENTITY (ather than DBA) (typed or printed) TELEPHONE NUMBER TITLE 	CITY				STA	TE 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. DWNERSHIP TYPE (0) Proprietorship DCrporation Complete and includes all property required 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 properties tatement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 GINATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE AME OF ASSESSEE OR AUTHORIZED AGENT* Upped or printed) TITLE AME OF LEGAL ENTITY (ather than DBA) (typed or printed) TELEPHONE NUMBER TITLE MARE OF LEGAL ENTITY (ather 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. DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Partnership Deroprietory in 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 propert statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 IGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE AME OF LEGAL ENTITY (other than DBA) (typed or printed) REPARER'S NAME AND ADDRESS (typed or printed) REPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ITILE MGENT: SEE INSTRUCTIONS FOR DECLARATION THIS STATEMENT IS SUBJECT TO AUDIT	CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY									
IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH ALIST OF MEMBERS NAMES. DWNERSHIP TYPE (I) Droprietorship Partnership Corporation I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper is tatement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 IGNATURE OF ASSESSEE OR AUTHORIZED AGENT* AME OF LEGAL ENTITY (other than DBA) (typed or printed) REPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE MEGENT: SEE INSTRUCTIONS FOR DECLARATION THIS STATEMENT IS SUBJECT TO AUDIT TELEPHONE NUMBER					L					
DECLARATION BY ASSESSEE Decomposition Including accompanying declaration must be completed and signed. If you do not do so, it may result in penalties. Partnership I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20	ATTA	CH STATEMENT F						OUR AIRCRAFT.		
Proprietorship Image: Comported on the second s										
Partnership I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 IGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE AME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE AME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE REPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER -MAIL ADDRESS THIS STATEMENT IS SUBJECT TO AUDIT		ΓÌ.	lote [,] The following dec		_			result in nenalties		
Corporation I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20	Partnership		tote. The following dec			and orgined. If yo	a ao not ao oo, it may i	court in periodico.		
Juner is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlle or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20	Corporation									
or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 IGNATURE OF ASSESSEE OR AUTHORIZED AGENT* AME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) AME OF LEGAL ENTITY (other than DBA) (typed or printed) REPARER'S NAME AND ADDRESS (typed or printed) MAIL ADDRESS INSERTICTIONS FOR DECLARATION (ASSESSEE) THIS STATEMENT IS SUBJECT TO AUDIT	Other									
AME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) AME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBER FEDERAL EMPLOYER ID NUMBER TITLE TITLE G GENT: SEE INSTRUCTIONS FOR DECLARATION THIS STATEMENT IS SUBJECT TO AUDIT THIS STATEMENT IS SUBJECT TO AUDIT										
AME OF LEGAL ENTITY (other than DBA) (typed or printed) REPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER () TITLE TITLE TITLE TITLE TITLE THIS STATEMENT IS SUBJECT TO AUDIT THIS STATEMENT IS SUBJECT TO AUDIT	SIGNATURE O	ASSESSEE OR AUTHO	DRIZED AGENT*			D	ATE			
AME OF LEGAL ENTITY (other than DBA) (typed or printed) REPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER () TITLE TITLE TITLE TITLE TITLE THIS STATEMENT IS SUBJECT TO AUDIT THIS STATEMENT IS SUBJECT TO AUDIT										
REPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER () MAIL ADDRESS THIS STATEMENT IS SUBJECT TO AUDIT THIS STATEMENT IS SUBJECT TO AUDIT	NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)						TITLE			
AGENT: SEE INSTRUCTIONS FOR DECLARATION THIS STATEMENT IS SUBJECT TO AUDIT	NAME OF LEG	AL ENTITY (other than DI	BA) (typed or printed)			F	EDERAL EMPLOYER ID NUMB	ER		
AGENT: SEE INSTRUCTIONS FOR DECLARATION THIS STATEMENT IS SUBJECT TO AUDIT										
AGENT: SEE INSTRUCTIONS FOR DECLARATION THIS STATEMENT IS SUBJECT TO AUDIT	PREPARER'S N	IAME AND ADDRESS (ty	(ped or printed)			IUMBER T	ITLE			
AGENT: SEE INSTRUCTIONS FOR DECLARATION THIS STATEMENT IS SUBJECT TO AUDIT		SS								
ASSESSEE.										
ASSESSEE.				07475	T 10 01/5 ·=	0T TO A				
	BY ASSESSEE.		1113		T IS SUBJE	CT 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 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.

