EF-577-R07-0518-32000137-1 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____

FILE RETURN BY: _____



Cynthia L. Froggatt **Plumas County Assessor**

1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

CindieFroggatt@countyofplumas.com

PLEASE NOTE: This for Assessor's office, regard Aircraft Exemption Claim NAME AND MAILING (Make necessary corr	٦	FOR ASSESSOR'S USE ONLY								
I					ı					
SECTION I: MUST BE COMP	LETED ANNU	ALLY			_				<u> </u>	
1. FAA REGISTRATION NUMBER			ONE NUMBE	R AIRCR	AFT LOC	ATION (AIRPORT	, HANGAR OR T	TE-DOWN	NUMBER)	
N		()	MODEL							/EAD DUILT
MANUFACTURER			MODEL						,	EAR BUILT
SERIAL NUMBER			PURCHA	SE DATE	PURCH	ASE PRICE	DA	ATE MOVE	D TO THIS CO	UNTY
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSESSED	IN ANOTHER	R CALIFORNI	A COUNT	Y, INDICATE CO	UNTY NAME AN	ID ASSESS	MENT YEARS	3
FIXED BASE OPERATOR NAME				LAST MAJOF	RAI <mark>RF</mark> RA	ME OVERHAUL	DATE: CO	OST:		
2. AIRCRAFT CONDITION:										
WHEN PURCHASED NE	W GOOI	D 🗌 A'	VERAGE [POOR	DAMAG	SE HISTORY				
CURRENT NE	W GOOI	D	VERAGE [POOR		YES NO IF	YES, <i>SEE INSTI</i>	RUCTIONS	AND ATTACH	STATEMENT
NTERIOR NE	W GOOI	D A	VERAGE	POOR		MENT LEASED				
EXTERIOR NE	W GOOI	D A	VERAGE	POOR	Λ \sqcup	YES NO IF	YES, SEE INSTI	RUC <mark>TIO</mark> NS	S AND ATTACH	I SCHEDULE.
IF YOU CHECKED CHAR		OU USE TH	IE AIRCRAFT		CARRIA	NESS FRAC SE MORE THAN GHTS OR PART	50% OF THE TI	ME?	OGRAM SH	IOW/MUSEUM
4. AVIONICS SUMMA	ARY: REPORT C	NLY ADDE	OR REPLAC	ED AVIONIC	S. DO NO		SINAL STANDAR		RY AVIONICS.	
UNIT	ACQUISITION DATE	COST	CONDITION	ASSESSOR USE ONLY		UNIT	ACQUISITION DATE	COST	CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM					RADAR A	LTIMETER				
MONITOR					ENCODE	R				
TERRAÍN AWARENESS WARNING SYSTEM EFIS					RMI		-			
TCAS					VLF	IETIC INDICATOR				
TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM NAVCOM #1					VERY LOW F	REQUENCY				
NAVCOM #2					RADAR					
TRANSPONDER A C					LORAN					
GLIDESLOPE					ADF	DIRECTION FINDER				
LOCALIZER					DME	EASURING EQUIPMENT				
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CON	DITIONING				
AUTOPILOT NUMBER OF AXIS					BOOTS					
FLIGHT DIRECTOR					HF TRAN	ISCEIVERS ENCY				
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER N AVIONIC	NON-FACTORY S				

THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGNED



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 AIRCRAFT NOT HABITUALLY BASED IN THIS 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 CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY ATTACH STATEMENT REGARDING MAY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF COMMERSHIP TYPE IS ILL, PLEASE ATTACH A IS TO PREMISE IN AND AND AND AND AND AND AND AND AND AN		YEAR OF MANUFACTURE					THOOPTEDS HOURS SWISE MAYOR SWITTHIN				
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 DIFFERST FROM FAA REGISTERD OWNER NAME TO SECTION IN: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IP DIFFERST FROM FAA REGISTERD OWNER NAME TO SECTION IN: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IP DIFFERST FROM FAA REGISTERD OWNER NAME TO SECTION IN: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IP DIFFERST FROM FAA REGISTERD OWNER NAME TO SECTION IN: COMPLETE OF THE FIRST TIME FILING OWNER NAME TO SECTION IN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IP DIFFERST FROM THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IN THIS COUNTY STATE ZIP CODE COUNTY THE MOVED DIVINE MACK OF THE DIVINE OWNER NEW CORRESS OF THE SECTION OWNER OWNER NAME TO THE SECTION OWNER NAME TO THE SECTION OWNER TO SET THE SECTION OWNER TO SECTION		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 OF THE MAJOR OF THE SALE OF THE SALE OF THE MAJOR OF THE SALE OF THE		<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 AIRCRAFT WAS COUNTY AIRCRAFT WAS COUNTY TRANSIT TO COUNTY TRANSIT TO COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY AIRCRAFT WAS COUNTY AIRCRAFT WAS COUNTY THE COUNTY THAT CHECK THE AIRCRAFT IS OR WAS IN THIS COUNTY AIRCRAFT WAS COUNTY THE COUNTY TH	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 LEGAL ENTITY (other than DBA) (byped or printed) TILLE TELEPHONE NUMBER TILLE TILLE TELEPHONE NUMBER TILLE TILLE TILLE TILLE TILLE TILLE TILLE THE PROVING NUMBER TILLE TILLE THE PROVING NUMBER THE PROVING NU		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' (byped or printed) NAME OF ASSESSEE OR AUTHORIZED AGENT' (byped or printed) NAME OF ASSESSEE OR AUTHORIZED AGENT' (byped or printed) TELEPHONE NUMBER TILLE TILLE TITLE THE PROVE THE SALE OF THE S			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) Propictorship DIP TYPE IS LIC, PLEASE ATTACH A LIST OF MEMBERS NAMES. OWNERSHIP TYPE (74) Propictorship Order and Includes all property required to be reported which is owned, claimed, possessed, controlled, or manage schedules, statements or other attachments, involved pand belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or manage schedules, statements or other attachments, involved pand 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' (Opped or printed) NAME OF LEGAL ENTITY (other than OBA) (upped or printed) TILE TI											
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 NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE PREPARER'S NAME AND ADDRESS (typed or printed) 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	_				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	0										
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



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-R07-0518-32000137