EF-571-R-R27-0524-37000146-1 BOE-571-R (P1) REV. 27 (05-24)

APARTMENT HOUSE PROPERTY STATEMENT FOR 2025

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2025)



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RETURN THIS	ORIGINAL	FORM	COPIES WI	II NOT RE	ACCEPTED

RETURN THIS ORIGINAL FORM FILE RETURN BY APRIL 1, 202 NAME AND MAILING ADDRE	25			ailing address.)				
'							PERTY (street, city) for each location)	
					2. Enter th	ne total number o	of units for the location listed.	
L							you live in one of the units? Yes □ No	
Email Address Enter location of general ledger and	all related accounting	records (include a				enter the unit nur the period of Jan	mber nuary 1, 2024 through Decemb	er 31,
STREET		CITY	S	TATE ZIP	limi	ted liability comp	or legal entity (corporation, pa any, etc.) acquire a "controlling	9
Enter name and telephone number of				ords:	enti	ity? Yes □ No ES, did this busir	ness entity also own "real prop	erty" (se
If you no longer own this propowner:				ng address of the ne	ew acq	uisitio <mark>n?</mark> Yes	nition) in California at the tin	
NameMailing Address			VI		ВО	E-1 <mark>00-</mark> B, Statem	ent of Change in Control and C the <mark>Sta</mark> te Board of Equaliza	wnersh
City and State			Zip Code		inst —	ructions for filing	requirements.	
4. Do any other individuals, partr premises? ☐ Yes ☐ No	nerships or corporation	ns do business or d	own personal proper	ty (other than house	ehold furniture	and personal eff	ects of your tenants) located or	ı your
5. Do you hold furniture or equip	oment belonging to oth			TURE OF THE BU	SINESS OR P	PROPERTY	ASSESSOR USE ONLY	-
Yes No If yes, I	OWNER OF SUCH P	PODEDTY		QUANTITY AN	IN NESCRIPT	ION		
ENTER BELOW the number Schedule A. Do not include, e	either here or in Scheo	dule A, any unit in	which you live.					
FULLY FURNISHED	SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BEDRI	M. LARO	SER	
-								
PARTLY FURNISHED UNFURNISHED								
TOTALS								
7. Supplies					Cost	<u> </u>		
Furniture and appliances				Enter From Sch				
Other furniture and equipmen	t			Enter From Sch				
10.								
					тот	AL FULL VALUE		
					PER	SONAL PROPE	RTY	
					FIXT	TURES		
					ОТН	IER IMPROVEM	ENTS	

LAND

SCHEDULES OF DEPRECIABLE PROPERTY — SCHEDULES A and B. Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedules A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items**. Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.

SCHEDULE A	FURNITURE AND APPLIANG do not include built-ins)	CES (include ite	ems in storage;	SCHEDUL	E B OTHER FURNITURE AN pool, vending, signs, fire e	ID EQUIPMENT (or extinguishers)	ffice, lobby, lau	
Year of Acquisition	Original Installed Cost	FOR ASSESSO	R'S USE ONLY	Year of	Original Installed Cost	FOR ASSESSOR'S USE ONLY		
	(NOT depreciated book value)	Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value	
2024				2024				
2023				2023				
2022				2022				
2021				2021				
2020				2020				
2019				2019				
2018				2018				
2017				2017				
2016				2016				
2015				2015				
2014 & prior				2014 & prior				
OTAL COST Enter on line 8,				TOTAL COS				
REMARKS:				Λ				

DECLARATION BY ASSESSEE

Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.

I 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, 2025.

OWNERSHIP TYPE (☑)		SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE	
		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)		TITLE
Proprietorship				
Partnership		NAME OF LEGAL ENTITY (other than DBA) (typed or printed)	FEDERAL EMPLOYER ID NUMBER	
Corporation				
Other	_ 🗆	PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER	TITLE

*Agent: See page 3 for Declaration by Assessee instructions.



INSTRUCTIONS

California law prescribes a yearly ad valorem tax based on property as it exists at 12:01 a.m. on January 1 (tax lien date). This form constitutes an official request that you declare all assessable business property situated in this county which you owned, claimed, possessed, controlled, or managed on the tax lien date, and that you sign (under penalty of perjury) and return the statement to the Assessor's Office by the date cited on the face of the form as required by law. Failure to file the statement during the time provided in section 441 of the Revenue and Taxation Code will compel the Assessor to estimate the value of your property from other information in the Assessor's possession and add a penalty of 10 percent of the assessed value as required by section 463 of the Code.

LINE 3. PROPERTY TRANSFER

Real Property – For purposes of reporting a change in control, real property includes land, structures, or fixtures owned or held under lease from (1) a private owner if the remaining term of the lease exceeds 35 years, including written renewal options, (2) a public owner (any arm or agency of local, state, or federal government) for any term or (3) mineral rights owned or held on lease for any term, whether in production or not.

Controlling Interest – When any person or legal entity obtains more than 50 percent of the voting stock of a corporation, or more than a 50 percent ownership interest in any other type of legal entity. The interest obtained includes what is acquired directly or indirectly by a parent or affiliated entity.

Forms, Filing Requirements & Penalty Information – Contact the Legal Entity Ownership Program Section at 916-274-3410 or refer to the Board's website at www.boe.ca.gov to obtain form BOE-100-B, applicable filing requirements, and penalty information.

- LINE 4. Check the appropriate box. If yes is checked, enter the name and address of the owner of the furniture or equipment. Briefly describe the nature of the business or property. **Do not** report household furnishings owned by tenants and used in their living quarters, or other personal property owned or controlled by tenants.
- **LINE 5.** Check the appropriate box. If **yes** is checked, enter the name and address of the owner or lessor and the quantity and description of the furniture or equipment. The lessor of the items will be asked to declare them.
- LINE 6. Enter the number of fully furnished, partly furnished, and unfurnished units in the appropriate column or columns. If the owner of the building (other than a corporation) occupies a unit as his living quarters, do not include it. Please indicate in the REMARKS area the items contained in a typical PARTLY FURNISHED apartment of each size. A sleeping room is a room with no kitchen facilities; a studio contains a kitchen and a convertible living room; a 1 bedrm. contains a bedroom, living room, kitchen, etc. Attach additional sheets if necessary.
- LINE 7. Enter the cost of supplies that are on hand at 12:01 a.m. on January 1 of this year. Include janitorial and pool supplies, whether carried in your asset accounts or expensed.
- LINES 8 and 9. Enter the total cost from Schedules A and B.
- SCHEDULE A. Complete the schedule as instructed. If a portion of the furniture used in your rental units has been placed in storage, include the cost in the schedule and enter in the remarks the address where stored. **Do not** include built-in appliances, installed carpeting, or drapes as furniture; such items are considered part of the building. **Include** ranges, refrigerators, dishwashers, etc., if not built-in.
- SCHEDULE B. Complete the schedule as instructed. Include all equipment not reported in Schedule A. If you care to attach a schedule listing types of equipment separately, you may do so.

DECLARATION BY ASSESSEE

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a **corporation**, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a **partnership**, the declaration must be signed by a partner or an authorized employee or agent. In the case of a **Limited Liability Company** (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.

THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED WILL BE HELD SECRET BY THE ASSESSOR.



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