EF-577-R07-0518-41000119-1 BOE-577 (P1) REV. 07 (05-18)

FILE RETURN BY:

AIRCRAFT PROPERTY STATEMENT

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



Assessor - County Clerk - Recorder

555 County Center, First Floor Redwood City, CA 94063-1665

Phone: (650) 363-4500 Fax: (650) 363-1903 email: assessor@smcacre.gov

web: www.smcacre.gov

MARK CHURCH

PLEASE NOTE: This forn	n must be filed timely with the
Assessor's office, regardle	ess of the status of any Historical
Aircraft Examplian Claim	Populties will apply if not filed

Exemption Claim. Penalties will apply it not filed. NAME AND MAILING ADDRESS FOR ASSESSOR'S USE ONLY (Make necessary corrections to the printed name and mailing address) SECTION I: MUST BE COMPLETED ANNUALLY 1. FAA REGISTRATION NUMBER DAYTIME PHONE NUMBER AIRCRAFT LOCATION (AIRPORT, HANGAR OR TIE-DOWN NUMBER) Ν **MANUFACTURER** MODEL YEAR BUILT SERIAL NUMBER PURCHASE PRICE DATE MOVED TO THIS COUNTY PURCHASE DATE FOR AIRCRAFT PREVIOUSLY REGISTERED OR ASSESSED IN ANOTHER CALIFORNIA COUNTY, INDICATE COUNTY NAME AND ASSESSMENT YEARS FIXED BASE OPERATOR NAME LAST MAJOR AIRFRAME OVERHAUL DATE: COST: \$ 2. AIRCRAFT CONDITION: WHEN PURCHASED NEW GOOD POOR DAMAGE HISTORY **AVERAGE CURRENT** NEW GOOD **POOR** YES NO IF YES, SEE INSTRUCTIONS AND ATTACH STATEMENT. **AVERAGE** EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED **INTERIOR** NEW **POOR** GOOD **AVERAGE** YES NO IF YES, SEE INSTRUCTIONS AND ATTACH SCHEDULE. **EXTERIOR** NEW GOOD **AVERAGE POOR** 3. TYPE OF USAGE: PERSONAL/PLEASURE FLIGHT TRAINING RENTAL CHARTER/TAXI BUSINESS FRACTIONAL OWNERSHIP PROGRAM SHOW/MUSEUM IF YOU CHECKED CHARTER/TAXI, DO YOU USE THE AIRCRAFT IN COMMON CARRIAGE MORE THAN 50% OF THE TIME? YES NO NOTE: COMMON CARRIAGE DOES NOT INCLUDE FERRY FLIGHTS OR PART 91 OWNER FLIGHTS. AVIONICS SUMMARY: REPORT ONLY ADDED OR REPLACED AVIONICS. DO NOT REPORT ORIGINAL STANDARD FACTORY AVIONICS. 4. FOR CONDITION PLEASE ENTER (N) NEW (A) AVERAGE (P) POOR

UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY	UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR					RADAR ALTIMETER				
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODER				
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAGNETIC INDICATOR				
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VLF VERY LOW FREQUENCY				
NAVCOM #1					PHONE				
NAVCOM #2					RADAR				
TRANSPONDER A C					LORAN				
GLIDESLOPE					ADF AUTOMATIC DIRECTION FINDER				
LOCALIZER					DME DISTANCE MEASURING EQUIPMENT				
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING				
AUTOPILOT NUMBER OF AXIS					BOOTS				
FLIGHT DIRECTOR					HF TRANSCEIVERS HIGH FREQUENCY				
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER NON-FACTORY AVIONICS				

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.

5.	ENGINE(S)	SINGLE	LEFT	RIGHT	6. TOTAL AIRFRAME HOURS:				
	MAKE				o. IOIA	L AIRFRAINE HOU	K3.		
	MODEL								
	YEAR OF MANUFACTURE				FOR HEL	HELICOPTERS - HOURS SINCE MAJOR OVERHAL			
	HORSEPOWER				ENGINE	MAIN ROTOR	MAIN ROTOR		
	HOURS SINCE NEW				ENGINE	BLADES	HEAD ASSEMBLY		
	HOURS SINCE MAJOR OVERHAUL				MAST	MAST TRANSMISSION	TAIL ROTOR DRIVESHAFT		
	TIME BETWEEN OVERHAULS (TBO) HOURS SINCE MIDLIFE				TAIL ROTOR GEARBOX	TAIL ROTOR HUB ASSEMBLY	TAIL ROTOR BLADES		
	DATE OF MAJOR OVERHAUL				SERVOS	MISCELLANEOUS			
	DATE OF LANDING GEAR OVERHAUL								
FO	GINE MAINTENANCE SERVICE ME OF PROGRAM: R HOMEBUILT, KIT, OR EXPER CTION II: COMPLETE IF FIRST	IMENTAL AIRCRA	AFT, ENTER EXAC	T DATE OF FIR	ST FLIGHT:	DATE:			
NA	ME AND ADDRESS OF OWNE <mark>R</mark> IF I		FAA REGISTERED C	WNER					
NA	ME		ADDRE	SS					
CIT	Y			STATE	ZIP CODE	COUNTY			
IF A	IRCRAFT WAS SOLD, ATTACH A C	OMPLETE COPY O	F THE SALES CON	TRACT	"	<u>'</u>			
IF S	SOLD OR DONATED: DATE OF SA	ALE	SALE I	PRICE					
NE	W OWNER NAME		\$ ADDRE	SS					
CIT	Y		I/V	STATE	ZIP CODE	COUNTY			
IF:	MOVED JUNKED PA	RTED DESTR	OYED ABANDO	ONED					
DA	TE NEW LOCATION	(IF MOVED)				COUNTY			
EX	PLANATION								
AIF	CRAFT NOT HABITUALLY BA <mark>SE</mark> D	IN THIS COUNTY							
AIF	RPORT/FBO WHERE NORMAL <mark>LY KE</mark>	PT				HANGAR/TIE-DOWN	NO.		
CIT	Y			STATE	ZIP CODE	COUNTY			
CH	ECK REASON AIRCRAFT IS OR WA	S IN THIS COUNTY	REPAIRS F	OR SALE	N TRANSIT TO:				
	ATTACH STATEMENT REG	APDING ANY ADI	DITIONAL INFORM		THER:	SIST LIS IN VALUING V	OLID AIDCDAFT		
_			YPE IS LLC, PLE						
0	WNERSHIP TYPE (☑)		D	ECLARATION	BY ASSESSE	E			
	.,	: The following d	eclaration must b	e completed an	d signed. If you	u do not do so, it may r	esult in penalties.		
	Partnership Corporation I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this property								
	statement	, including accomp	panying schedules	statements or o	ther attachments	s, and to the best of my k	nowledge and belief it		
-	is true, co					vhich is owned, claimed, _l at 12:01 a.m. on Januai			
SIC	NATURE OF ASSESSEE OR AUTHORIZE	• .	o porcon named a			ATE	, , , 20 .		
NA	ME OF ASSESSEE OR AUTHORIZED AGE	ENT* (typed or printed)			TI	TLE			
NA	ME OF LEGAL ENTITY (other than DBA) (t	yped or printed)			FI	EDERAL EMPLOYER ID NUMBI	ER		
PR	EPARER'S NAME AND ADDRESS (typed o	or printed)		TELEPHONE NUI	MBER TI	TLE			
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.



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