

Ms. Laura Marshall Sierra County Assessor 100 Courthouse SQ Downieville, CA 95936-8 Phone: (530) 289-3283

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)

| Supplies Cost Image: Supplies Cost | | | | | | | OF THE PROPERTY (ate statement for each | |
|--|---|--------------------------|--------------------------------------|---------------------|--------------------------|--|---|---|
| Enter name and telephone number of authorized person to conflact at location of accounting records: | Email Address | all related accounting | records <i>(include</i> z | ip code): | STATE ZIP | If yes, en 3. During th 2024: (1) Did a limite | Do you live Yes ter the unit number period of January 1, ny individual or legal d liability company, etc | in one of the units? No 2024 through December 31, entity (corporation, partnersh) acquire a "controlling |
| CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. Instructions for definition) in Cálifornia at the tile owner: Name Mailing address of the new Order Name City and State Zip Code City and State Zip Code City and State Zip Code City and State City and City City City City City City City City | Enter name and telephone number o | of authorized person to | o contact at locatio | n of accounting rea | cords: | entity □ Ye | ? ` s □ No | |
| premises? Yes No If yes, list below. ASSESSOR AMME AND ADDRESS OF OWNER OF SUCH PROPERTY NATURE OF THE BUSINESS OR PROPERTY ASSESSOR 0 yes no if yes, list below. | If you no longer own this propowner: Name Mailing Address | perty as of January 1 o | of this year, show t | he name and maili | ng address of the ne | instru acqui Ye (3) If YE BOE- of Le | ctions for definition) i sition? s | n California at the time of t and (2), filer must submit for hange in Control and Ownersi ate Board of Equalization. S |
| NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NATURE OF THE BUSINESS OR PROPERTY ASSESSOR USE ONLINE OF THE BUSINESS OR PROPERTY 5 Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? Image: Comparison of the property of th | 4. Do any other individuals, partr | nerships or corporatior | | | rty (other than house | ehold furniture ar | nd personal effects of y | our tenants) located on your |
| NAME AND ADDRESS OF OWNER OF SUCH PROPERTY OUANTITY AND DESCRIPTION OUANTITY AND DESCRIPTION OUANTITY AND DESCRIPTION Ame and address of owner of such partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A any unit in which you live. 3 BEDRM. Also complete FULLY FURNISHED SLP. ROOM STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED Include Include Include Include Include Include NAME AND Address OF OWNER OF SUCH PROPERTY Include < | 5. Do you hold furniture or equip | OWNER OF SUCH P | | | | SINESS OR PR | OPERTY | ASSESSOR'S USE ONLY |
| Image: Constraint of the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A any unit in which you live. Image: Schedule A. Do not include, either here or in Schedule A any unit in which you live. Image: Schedule A. Do not include, either here or in Schedule A any unit in which you live. Image: Schedule A. Do not include, either here or in Schedule A any unit in which you live. Image: Schedule A. Do not include, either here or in Schedule A any unit in which you live. Image: Schedule A. Do not include, either here or in Schedule A any unit in which you live. Image: Schedule A. Do not include, either here or in Schedule A Image: Schedule B Image: Schedule B Image: Schedule B | | | ROPERTY | | QUANTITY AN | D DESCRIPTIO | N | - |
| SLP. ROOM STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED I | 6. ENTER BELOW the number | of fully furnished, part | ly furn <mark>is</mark> hed (e.g., s | stoves and refriger | rators, not built-in), a | and unfurnished | units. Also complete | - |
| FULLY FURNISHEDOutput LocationOutput LocationOutput LocationOutput LocationPARTLY FURNISHEDImage: Control of the second sec | Schedule A. Do not include, e | either here or in Scheo | dule A, any unit in v | which you live. | | | | _ |
| PARTLY FURNISHEDImage: state of the state of | | SLP. ROOM | STUDIO | 1 BEDRM. | 2 BEDRM. | 3 BEDRM. | LARGER | - |
| UNFURNISHEDImage: Sector of the | | | | | | | | |
| TOTALSImage: Cost of the second | | _ | | | | | | |
| 7. Supplies Cost 8. Furniture and appliances Enter From Schedule A 9. Other furniture and equipment Enter From Schedule B 10. TOTAL FULL VALUE V TOTAL FULL VALUE V PERSONAL PROPERTY FIXTURES FIXTURES | | | | | | | | |
| 8. Furniture and appliances Enter From Schedule A Image: Comparison of the state of the | | | | | | 01 | | |
| 9. Other furniture and equipment Enter From Schedule B 10. 10. 10. 10. 10. 10. 10. 10. | | | | | Enter From Cob | | | |
| 10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES | | at | | | | | | |
| TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES | 9. Other fulfilture and equipment | ii. | | | Enter From Sch | | | |
| PERSONAL PROPERTY FIXTURES | 10 | | | | | | | |
| PERSONAL PROPERTY FIXTURES | 10. | | | | | | | |
| FIXTURES | 10. | | | | | TOTAL | . FULL VALUE | |
| | 10. | | | | | | | |
| | 10. | | | | | PERS | ONAL PROPERTY | |
| LAND | 10. | | | | | PERS | ONAL PROPERTY | |



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 | CHEDULE A FURNITURE AND APPLIANCES (include items in storage; do not include built-ins) | | | | SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, laundry, pool, vending, signs, fire extinguishers) | | | |
|-----------------|--|-------------------------|-------|-----------------|---|-------------|--------------|--|
| Year of | Original Installed Cost | FOR ASSESSOR'S USE ONLY | | Year of | Original Installed Cost | FOR ASSESSO | R'S USE ONLY | |
| Acquisition | (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 | | | | |
| TOTAL COST | | | | TOTAL COS | | | | |
| Enter on line 8 | s, page 1. | | | Enter on line | e 9, page 1. | | | |
| REMARKS: | | | | Λ | | | | |
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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.