EF-577-R07-0518-49000254-1 BOE-577 (P1) REV. 07 (05-18)

FILE RETURN BY: \_

4.

COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR

SITIONING SYSTEM, INSTRUMENT

NUMBER OF AXIS

**AUTOPILOT** 

GPS IFR

GLOBAL POSITI FLIGHT RULES

# AIRCRAFT PROPERTY STATEMENT

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



# Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888 FAX: (707) 565-3317

www.sonoma-county.org/assessor

PLEASE NOTE: This form must be filed timely Assessor's office, regardless of the status of an Aircraft Exemption Claim. Penalties will apply it	y Historical				
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name an	nd mailing address)	٦	FOR ASSESSOR'S USE ONLY		
SECTION I: MUST BE COMPLETED ANNUALLY					
1. FAA REGISTRATION NUMBER DAYTIME PHO	ONE NUMBER AIRCF	RAFT LOCATION (AIRPORT, HANG	GAR OR TIE-DOWN NUMBER)		
MANUFACTURER	MODEL		YEAR BUILT		
SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE \$	DATE MOVED TO THIS COUNTY		
FOR AIRCRAFT PREVIOUSLY REGISTERED OR ASSESSED I	N ANOTHER CALIFORN	IA COUNTY, INDICATE COUNTY	NAME AND ASSESSMENT YEARS		
FIXED BASE OPERATOR NAME	LAST MAJO	R AIRFRAME OVERHAUL DATE:	COST:		
2. AIRCRAFT CONDITION:					
WHEN PURCHASED NEW GOOD AVE	ERAGE POOR	DAMAGE HISTORY			
CURRENT NEW GOOD AVE	ERAGE POOR	YES NO IF YES, S	SEE INSTRUCTIONS AND ATTACH STATEMENT.		
INTERIOR NEW GOOD AVE	ERAGE POOR		HANGED, ADDED OR RETIRED		
EXTERIOR NEW GOOD AVE	ERAGE POOR	YES NO IF YES, S	SEE INSTRUC <mark>TIO</mark> NS AND ATTACH SCHEDULE.		
2 TVDE OF HSAGE:					

ASSESSOR USE ONLY ASSESSOR USE ONLY **ACQUISITION** COST **ACQUISITION** COST UNIT CONDITION UNIT CONDITION DATE NEW DATE NFW RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR RADAR ALTIMETER **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 LORAN A\_\_\_\_ C\_ GLIDESLOPE ADF AUTOMATIC DIRECTION FINDER DME DISTANCE MEASURING EQUIPMENT LOCALIZER

PERSONAL/PLEASURE \_\_\_FL<mark>IG</mark>HT TRAIN<mark>ING \_\_\_RE</mark>NTAL \_\_\_ CHARTER/TAX<mark>I \_\_\_</mark> BUSINESS \_\_\_ FRACTIONAL OWNERSHIP PROGRAM \_\_\_SHOW/MUSEUM

FOR CONDITION, PLEASE ENTER (N) NEW, (A) AVERAGE, (P) POOR

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.

THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGNED THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

AIR CONDITIONING

HF TRANSCEIVERS

OTHER NON-FACTORY

**BOOTS** 

AVIONICS



EF-577-R07-0518-49000254

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				0. TOTAL	- AIRI RAME 1100				
	MODEL									
	YEAR OF MANUFACTURE				EOD HELL	ELICOPTERS - HOURS SINCE MAJOR OVERHAUL:				
	HORSEPOWER				ENGINE	MAIN ROTOR	MAIN ROTOR			
	HOURS SINCE NEW					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	BENDEO			
	DATE OF LANDING GEAR OVERHAUL									
ENGINE MAINTENANCE SERVICE PROGRAM: YES NO  NAME OF PROGRAM: ENROLLMENT DATE:  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										
NA	ME AND ADDRESS OF OWNE <mark>R</mark> IF I		FAA REGISTERED	OWNER						
NA	ME		ADDR	ESS						
CIT	Y			STATE	ZIP CODE	COUNTY				
IF A	JIRCRAFT WAS SOLD. ATTACH A C	OMPLETE COPY O	F THE SALES CON	ITRACT						
	SOLD OR DONATED: DATE OF SA			PRICE						
			\$							
NE	W OWNER NAME		ADDR	RESS						
CIT	Y		I/V	STATE	ZIP CODE	COUNTY				
IF:	MOVED JUNKED PA	RTED DESTR	OYED ABAND	ONED	'	1				
DA						COUNTY				
EXI	PLANATION									
	CRAFT NOT HABITUALLY BA <mark>SE</mark> D									
AIR	PORT/FBO WHERE NORMAL <mark>LY KE</mark>	PT				HANGAR/TIE-DOWN	NO.			
CIT	Y			STATE	ZIP CODE	COUNTY				
СН	ECK REASON AIRCRAFT IS OR WA	S IN THIS COUNTY	REPAIRS	FOR SALE I	N TRANSIT TO:					
					THER:					
	ATTACH STATEMENT REG	ARDING ANY AD IF OWNERSHIP T					OUR AIRCRAFT.			
	WNERSHIP TYPE (☑)	II OWNLICOIII I					-			
		: The following d		DECLARATION be completed an		:⊑ ⊢do not do so, it may r	esult in penalties.			
	artnership	_				-				
Co	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 accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it									
Ot						hich is owned, claimed, p				
		,	e person named	as the assessee i		at 12:01 a.m. on Januar	y 1, 20			
SIG	NATURE OF ASSESSEE OR AUTHORIZE	D AGENT*			DA	ATE				
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)						TITLE				
NA	ME OF LEGAL ENTITY (other than DBA) (t	yped or printed)			FE	DERAL EMPLOYER ID NUMBE	ER			
PR	EPARER'S NAME AND ADDRESS (typed o	or printed)		TELEPHONE NUI	MBER TI	ΓLE				
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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