APARTMENT HOUSE PROPERTY Modesto, CA 95354-0863				Stani <mark>slaus</mark>		0	Don H. G	Baekle	
APARTMENT HOUSE PROPERTY STATEMENT HOUSE PROPERTY STATEMENT HOUSE PROPERTY STATEMENT HOUSE INCOMESTING Considering of costs and other related Compared to a cost and cos	EF-571-R-R25-0522-5000010	4-1				S	Stanisla	us County As	sessor
RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED. FILE RETURN BY APRIL 1, 2023 Mar. PARL 1, 202 Mar. PARL 2, 203 MAR. PARL 2,	STATEMENT FOR 2023 (Declaration of costs and other re property information as of 12:01 A	elated		Striving to be the Be	bunty ber	N F	/lodesto, C Phone: (20	A 95354-0863 9) 525-6461 • Fax	x: (209) 525-6586
FILE FECTURE BY APRIL 4, 2023 MINER ADMAINS LODGEDS (inter necessary controllers to the printed rates and mailing siddress.)	. ,								
Media recessory corrections to the printed name and mailing address. Media recessory corrections to the printed name and mailing address.			NOT BE ACCEPT	ED.					
(Mele and executy: corrections to the printed name and mailing address.) (Mele and executy: corrections to the printed name and mailing address.) (Mele and executy: corrections to the printed name and mailing address.) (Mele and executy: corrections to the printed name and mailing address.) (Mele and execution of general ledge and all read-to control of the total number of units for the total numbe									
LOCATION OF THE PROPERTY (deted; ch/) (the a separate determent for each location) (the a separate determent for each location general location of the units? (the a separate determent for each location and length each location of each location of each location and length each location of each location and length each location of each location and length each location of the units? (the a separate determent for each location and length each location of each location and length each location and length each location of each location and length each location of the units? (the determined of each location and length each location and len			ne and mailing addi	ress.)					
		·	-	-					
Control Telephone Number						LOC	ATION OF	THE PROPERTY (s	treet, city)
Local Telephone Number For Number For Number Do you be in one of the units? Do you be in one of the units? Do you be in one of the units? Do you be in one of general ledger and all related accounting records (include size poole). STREET INTY ISTATE INTY DO you be in one of the units? Do you be in one of general ledger and all related accounting records (include size poole). STREET INTY ISTATE DO You be indeed the control of general ledger and all related accounting records DO you be in the time of the units? DO you be in one of the units?						(file	a separate	statement for each l	ocation)
Call Telephone Number						 2. E	inter the tota	al number of units fo	r the location listed.
Load Telephone Number	L							Do you live i	n one of the units?
Email Address Uyse, and the built of unitable accounting records (molded zip code) Uyse, and the built of unitable accounting records (molded zip code) Effect OTV STATE ZIF Effect OTV STATE ZIF Effect OTV STATE ZIF CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. (1) Del any individual for legal entry (corporation, pathemesitie of the accurate of control and ownership of units ownerses) (2) VEs. dol the trademesities own from the builtings of Lanuary 1 of this state, stow the name and realing address act the new (2) VEs. dol the trademesities own from the property of the state accurate of control and Ownership of Lagal Entries, to the State Baced of Equilations. See instructions for filing requirements. 1. Hyun to control and Ownership of the state is the out the state is accurate of Campain in Cautoria at the time of the accurate of Campain in Cautoria at Ownership of Lagal Entries, to the State Baced of Equilation. See instructions for filing requirements. 4. Do environment admention of the control and Ownership of Lagal Entries, the State Baced of Equilation. See instructions for filing requirements. Assessor? Sustain a control and Ownership of Lagal Entries, the State Baced of Equilation. See instructions for filing requirements. 4. Do eyou hold furniture or equipment belonging to others on a loan, rental, or lease basis? NAME AND ADDRESS OF OWNER OF SUCH PROPERTY ASSESSOR'S USE ONLY Sup hold furniture or equipment belonging to others on a loan, rental	Level Teleshove Newborn		-					🗆 Yes 🗖	No
Enter location of general ledger and all marked accounting records (include cip code): STRET TOT STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STRET STR			Fax Numbe						
STREET CIT STATE ZIP (1) Difformation of the state of the		all related accounting	g records <i>(include</i> z	ip code):				eriod of January 1, 2	022 through December 31,
						(1) Did any	individual or legal e	ntity (corporation, partnership
Enter name and telephone number of authorized person to contact at location of accounting records:							limited lia	ability company, etc.)	acquire a "controlling
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. If you no longer own this property as of January 1 of this year, show the name and mailing address of the name of mailing address of the name of mailing address of the name of the acquisition? Name	Enter name and telephone number of	f authorized person	to contact at locatio	n of accounting rec	cords:	_		(see instructions for	definition) in this business
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. 1. If you not onger own this property as of January 1 of this year, show the name and nailing address of the name warre: Name									-
If you no longer own this property as of January 1 of this year, show the name and mailing address of the name and mailing address of uses of the name and mailing address of the name and personal address of your tenants) located on your personal property (other than household furniture and personal effects of your tenants) located on your personal property (other than household furniture and personal effects of your tenants) located on your personal property (other than household furniture and personal effects of your tenants) located on your personal property (other than household furniture and personal effects of your tenants) located on your personal property to the the name and mail address of the personal personal property (other than household furniture and personal effects of your tenants) located on your personal property is a labelow. NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NAME AND ADDRESS OF OWNER OF SUCH PROPERTY S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? NAME AND ADDRESS OF OWNER OF SUCH PROPERTY S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? NAME AND ADDRESS OF OWNER OF SUCH PROPERTY S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? FULLY FURNISHED NAME AND ADDRESS OF OWNER OF SUCH PROPERTY FURNISHED NAME AND ADDRESS OF OWNER OF SUCH PROPERTY				us l		(
(3) If YES to both questions (1) and (2), filer must submit form BDE-100-B, Statement of Change in Control and Ownership Maling Address City and State Zip Code Submitted					ng address of the ne	ew	acquisitio	on?	
Naile BDE-folds. Statement of Change in Control and Ownership Mailing Address Of Legal Enthies, to the State Board of Equalization. See instructions for filing requirements. 4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal reflects of your tenants) located on your premises? NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NATURE OF THE BUSINESS OR PROPERTY ASSESSOR'S USE ONLY 5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? ASSESSOR'S Yes No If yes, list below. NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION 6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stores 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 Wes. FULLY FURNISHED Image: Cost PARTLY FURNISHED Image: Cost Interfere and appliances Enter From Schedule A 9. Other furniture and appliances Enter From Schedule A 9. Other furniture and equipment Enter From Schedule A 9. Other furniture and equipment Enter From Schedule A 9. Other furniture and equipment	owner:								
Maiing Address of Legal Entites, to the State Board of Equalization. See instructions for filing requirements. 4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture, and personal effects of your tenants) located on your premises? NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NATURE OF THE BUSINESS OR PROPERTY NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NATURE OF THE BUSINESS OR PROPERTY ASSESSOR'S USE ONLY 5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? ASSESSOR'S Wash and DADRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION AMME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION Matter or in Schedule A, any until in which you like. Stephenk (e.g., etwows and refrigerators, not built-in), and unfurnished units. Also complete Schedule A, any until in which you like. FULLY FURNISHED Image: Stephenk (e.g., etwows and refrigerators, not built-in), and unfurnished units. Also complete Schedule A, any until in which you like. FULLY FURNISHED Image: Stephenk (e.g., etwows and refrigerators, not built-in), and unfurnished units. Also complete Schedule A, any until in which you like. FULLY FURNISHED Image: Stephenk (e.g., etwows and refrigerators, not built-in), and unfurnished. INFU	Name					- (;			
City and State Zip Code 4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises? NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NATURE OF THE BUSINESS OR PROPERTY ASSESSOR'S USE ONLY S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? ASSESSOR'S USE ONLY NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION Rest Description Step and units, also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live: Step ROM Step ROM FULLY FURNISHED Interview of the provide the step and units, also complete Interview of the step and units, also complete 7. Supplies Cost Interview of the step and units, also cost Interview of the step and units, also cost 8. Furniture and appliances Enter From Schedule A Interview of the step and units, also cost Interview of the step and units, also cost 10. TOTAL FULL VALUE	Mailing Address				_	_	of Legal	Entities, to the Sta	te Board of Equalization. See
premises? Yes No If yes, list below. NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NATURE OF THE BUSINESS OR PROPERTY ASSESSOR'S USE ONLY 5. Do you hold fumiture or equipment belonging to others on a loan, rental, or lease basis?	City and State			Zip Code		_	instructio	ns for filing requiren	nents.
Subset Assessors Subset Notest MME AND ADDRESS OF OWNER OF SUCH PROPERTY OUANTITY AND DESCRIPTION AMME AND ADDRESS OF OWNER OF SUCH PROPERTY OUANTITY AND DESCRIPTION 6. ENTER BELOW 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 tive. FULLY FURNISHED Image: Subset of the store o	4. Do any other individuals, partn premises? ☐ Yes ☐ No	ership <mark>s or corporatio</mark> If yes, lis t below.	ons do business or c	wn personal prope	rty (other than house	ehold fur	niture and p	personal effects of yo	our tenants) located on your
S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?	NAME AND ADDRESS OF C	WNER OF SUCH F	ROPERTY	N/	ATURE OF THE BU	ISINESS	OR PROP	ERTY	
Yes No If yes, list below. NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION 6. ENTER BELOW 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. FULLY FURNISHED 1 1 1 1 1 PARTLY FURNISHED 1 1 1 1 1 1 UNFURNISHED 1 1 1 1 1 1 1 7. Supplies Cost 8. Furniture and appliances Enter From Schedule A 9 0 1									
Yes No If yes, list below. NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION 6. ENTER BELOW 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. FULLY FURNISHED 1 1 1 1 1 PARTLY FURNISHED 1 1 1 1 1 1 UNFURNISHED 1 1 1 1 1 1 1 7. Supplies Cost 8. Furniture and appliances Enter From Schedule A 9 0 1									
6. ENTER BELOW 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. SLP. ROOM STUDIO 1 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED Image: Standard and the st	☐ Yes ☐ No If yes , li	st below.		tal, or lease basis?			_		
Schedule A. Do not include, either here or in Schedule A, any unit in which you live. I and the second	NAME AND ADDRESS OF C	WNER OF SUCH F	ROPERTY		QUANTITY AN	ND DESO	CRIPTION		
Schedule A. Do not include, either here or in Schedule A, any unit in which you live. I and the second									
FULLY FURNISHED Image: Constraint of the second					ators, not built-in), a	and unfu	rnished unit	ts. Also complete	
PARTLY FURNISHED Image: Second		SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 E	BEDRM.	LARGER	
UNFURNISHED Image: Constant of the state of									
TOTALS Image: Cost series of the series									
7. Supplies Cost 8. Furniture and appliances Enter From Schedule A 9. Other furniture and equipment Enter From Schedule B 10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS OTHER IMPROVEMENTS	UNFURNISHED								
8. Furniture and appliances Enter From Schedule A 9. Other furniture and equipment Enter From Schedule B 10. TOTAL FULL VALUE PERSONAL PROPERTY PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	TOTALS								
9. Other furniture and equipment Enter From Schedule B 10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS OTHER IMPROVEMENTS	7. Supplies					Cost			
10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	8. Furniture and appliances				Enter From Sch	nedule A			
TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	9. Other furniture and equipment				Enter From Sch	edule B			
PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	_10.								
FIXTURES OTHER IMPROVEMENTS						[TOTAL FL	JLL VALUE	
OTHER IMPROVEMENTS							PERSON	AL PROPERTY	
							FIXTURE	S	
LAND							OTHER IN	MPROVEMENTS	
							LAND		



BOE-571-R (P2) REV. 25 (05-22)

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 APPLIANO do not include built-ins)	CES (include ite	ems in storage,	SCHEDUL	E B OTHER FURNITURE ANI pool, vending, signs, fire ex		office, lobby, laundry,		
Year of Acquisition	Original Installed Cost	FOR ASSESSOR'S USE ONLY		Year of	Original Installed Cost	FOR ASSESSO	FOR ASSESSOR'S USE ONLY		
	(NOT depreciated book value)	Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value		
2022				2022					
2021				2021					
2020				2020					
2019				2019					
2018				2018					
2017				2017					
2016				2016					
2015				2015					
2014				2014					
2013				2013					
2012 & prior				2012 & prior					
TOTAL COST	\$			TOTAL COS	ST \$				
Enter on line 8	3, page 1.			Enter on line	e 9, page 1.				
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, 2023.

OWNERSHIP TYPE (☑)		SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE	
		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE	
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

The Revenue and Taxation Code of the State of California requires that every person, upon request of the Assessor, shall file a written property statement under penalty of perjury with the Assessor within such time as the Assessor may appoint. Please complete this form according to the numbered instructions provided below as your statement of furnishings and related equipment owned, possessed or controlled by you as of 12:01 a.m., January 1, this year at the location listed. Property which you are purchasing under a conditional sales contract must be included. **Return the completed statement form to the Assessor on or before the date stated in the official requirement section.** In all instances, you must return the original BOE-571-R.

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.

