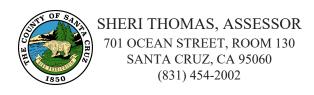
# **AIRCRAFT PROPERTY STATEMENT**

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

FILE RETURN BY: \_\_\_\_\_



PLEASE NOTE: This form must be filed timely with the Assessor's office, regardless of the status of any Historical Aircraft Exemption Claim. Penalties will apply if not filed.

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and n	ailing address)			FOR ASSESSOR'S USE ONLY			
CECTION IS MUST BE COMPLETED ANNUALLY							
SECTION I: MUST BE COMPLETED ANNUALLY	IE NII IMPED	AIDOD	AFT LOCATION (AIF	DODT HANGAR O	D TIE DOWN NI IMPED		
1. FAA REGISTRATION NUMBER DAYTIME PHON	IE NUMBER AIRCRAFT LOCATION (AIRPORT, HANGAR OR TIE-DOWN						
MANUFACTURER ( )	MODEL					YEAR BUILT	
WANDFACTURER	WIODEL					TEAR BUILT	
SERIAL NUMBER	PURCHASE D	DATE	PURCHASE PRICE	<u> </u>	DATE MOVED TO THIS COUNTY		
			\$				
FOR AIRCRAFT PREVIOUSLY REGISTERED OR ASSESSED IN	ANOTHER CA	LIFORN	IA COUNTY, INDICAT	E COUNTY NAME	AND ASSESSMENT YEA	ARS	
FIXED BASE OPERATOR NAME	LAST MAJOR AIRFRAME O			IAUL DATE:	COST:		
2. AIRCRAFT CONDITION:					'		
WHEN PURCHASED NEW GOOD AVER	RAGE P	OOR	DAMAGE HISTO	RY			
CURRENT NEW GOOD AVER	RAGE P	OOR	YES N	O IF YES, SEE IN	STRUCTIONS AND ATTA	CH STATEMENT.	
INTERIOR NEW GOOD AVER	RAGE P	OOR	EQUIPMENT LE	ASED, EXCHANG	GED, ADDED OR RET	IRED	
EXTERIOR NEW GOOD AVER	RAGE P	OOR	YES N	IO IF YES, SEE IN	STRUCTIONS AND ATTA	CH SCHEDULE.	
3. TYPE OF USAGE:							
PERSONAL/PLEASURE FLIGHT TRAINING RENTAL	CHARTE	R/TAXI	BUSINESS	FRACTIONAL OWN	NERSHIP PROGRAM	SHOW/MUSEUM	
IF YOU CHECKED CHARTER/TAXI, DO YOU USE THE A						)	
NOTE: COMMON CARRIAGE D							
4. AVIONICS SUMMARY: REPORT ONLY ADDED OF			S. DO NOT REPORT ) NEW, (A) AVERAGE		OARD FACTORY AVIONIC	S.	

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				

# PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

IF:MOVEDJUNKEDPARTEDDESTROYED ABANDONED  DATE	5.	ENGINE(S)	SINGLE	LEFT	-	RIGHT	-	0 TOTA	L AIDEDAME HOLL	DO.	
FOR HELICOPTERS - HOURS SINCE MAJOR OVERHAUL  HICKIRS RICE MAJOR OVERHAUL		MAKE						6. IUIA	L AIRFRAME HOU	K5:	
PORSEPOWER		MODEL									
HORSE NOKE NAME AND ADDRESS (PART)  HOURS SINCE MAJCH OVERHAUS, (THO)  HOURS SINCE MAJ		YEAR OF MANUFACTURE						- FOR UE	LICORTERO LICURO CINO	NE MA IOD OVERHALII :	
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TAIL ROTOR BUT TRANSISSION DIRECTORY HOURS SINCE MIGHT DATE OF MADOR CORPHAUL SERVICE PROGRAM: SERVICE PROGR		HOURS SINCE NEW						LIVOIIVE			
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DATE OF LANDING GEAR OVERHAUL  ENGINE MAINTENANCE SERVICE PROGRAM: YES NO  NAME OF PROGRAM:  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  NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER  NAME  ADDRESS  CITY  STATE   ZIP CODE   COUNTY  FARRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED:  PATE OF SALE   SALE PRICE    SALE PRICE    SADDRESS  CITY  STATE   ZIP CODE   COUNTY  FIF   MOVED   JUNKED   PARTED   DESTROYED   ABANDONED    DATE   NEW LOCATION (IF MOVED)   COUNTY  FOR COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY RESED IN THIS COUNTY   REPAIRS   FOR SALE   IN TRANSIT TO:  OTHER  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (IS)   NOTE: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Profession   Lertify (or declare) under penalty of periory under the laws of the State of California that I have examined this property sidements or other attachments, and to the bast of my knowledge and belled its drug, correct, and completed with property regions of the laws of the State of California that I have examined this property sidements or other attachments, and to the bast of my knowledge and belled its drug, correct, and completed with one bast of my knowledge and belled its brug. Correct, and completed with and includes its property regions to be reported with its owner, claiment, including accompanying schedules, statements or other attachments, and to the bast of my knowledge and belled its brug. Correct, and completed with control and and backed set in the laws of the State of California that I have examined this property regions to be reported with the source, claiment, including accompanying schedules, statements or other attachments, and to the bast of my knowledge and be		HOURS SINCE MIDLIFE						GEARBOX	ASSEMBLY	BLADES	
ENGINE MAINTENANCE SERVICE PROGRAM:   YES   NO		DATE OF MAJOR OVERHAUL						SERVOS	MISCELLANEOUS		
NAME OF PROGRAM:  ENROLLMENT DATE:  FOR HOMEBUILT, INT, 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 NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER  ADDRESS  CITY  STATE ZIP CODE  COUNTY  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  FOLD OR DONATED:  DATE OF SALE  SALE PRICE  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  FIF: MOVED JUNKED PRATED DESTROYED ABANDONED  COUNTY  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE  IN TRANSIT TO:  OWNERSHIP TYPE (2)  PROMERSHIP TYPE (3)  COUNTERSHIP TYPE (2)  PROMERSHIP TYPE (3)  Is offly (or declare) under penalty of perjury under the laws of the State of California that I have examined this property required to be reported which is owned, claimed, prospessed, controlled, or managed by the person named as the assessee in this statement at 12.01 a.m. on January 1, 20  NAME OF LEGAL ENTITY (other man DBA) (pipped or printed)  TILL  NAME OF LEGAL ENTITY (other man DBA) (pipped or printed)  TILL  TELEPHONE NUMBER  TILL  TELEPHONE NUMBER  TILL  TELEPHONE NUMBER  TILL  TI		DATE OF LANDING GEAR OVERHAUL							I		
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F ARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  IF SOLD OR DONATED:  DATE OF SALE  SALE PRICE SALE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  CITY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:  REPAIRS FOR SALE  IN TRANSIT TO:  OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE (Z')  Proprietorship  Proprietorship  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  COMPARTSHIP TYPE (Z')  Proprietorship  COMPARTSHIP TYPE (Z')  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  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 is true, cornect, 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, 20  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TILLE  PEPERARER'S NAME AND ADDRESS (typed or printed)  TILLE  TILLE  TILLE  THE PHONE NUMBER  TILLE  TILLE  THE PHONE NUMBER  TILLE  THE PHONE NUMBER  TILLE  THE PHONE NUMBER  TILLE  THE PHONE NUMBER  TILLE	NA	ME			ADDRESS	S					
SALE PRICE   SALE PRICE	CIT	Y					STATE	ZIP CODE	COUNTY		
SALE PRICE   SALE PRICE	IF A	IRCRAFT WAS SOLD. ATTACH A C	COMPLETE COPY OF	F THE SALE	S CONTR	ACT			I		
ADDRESS  CITY STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED) COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  CITY STATE ZIP CODE COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (2) Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Partnership Corporation Other 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, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  PREPARER'S NAME AND ADDRESS (typed or printed)  TILLE  TILLE  TELEPHONE NUMBER  TITLE  THE TITLE  TITLE  TITLE  THE TITLE  TITLE  THE TITLE  TH	IF S	OLD OR DONATED: DATE OF SA	ALE		SALE PR	ICE					
CITY STATE ZIP CODE COUNTY   F: MOVED	NE	AL COMPLETE NAME									
IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORTI/FBO WHERE NORMALLY KEPT HANGAR/TIE-DOWN NO.  CITY STATE ZIP CODE COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:  OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (ZI) Proprietorship Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  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 is true, correct, and complete and includes all property required to be reported which is sowned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TELEPHONE NUMBER  TITLE  THE PARTER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE	NE	W OWNER NAME			ADDRES	S					
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DATE   NEW LOCATION (IF MOVED)   COUNTY    AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY    AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY    AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY    CITY   STATE   ZIP CODE   COUNTY    CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:   REPAIRS   FOR SALE   IN TRANSIT TO:    OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (IV)    Proprietorship   Partnership   I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this property of the 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 proterty 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, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)   TITLE    NAME OF LEGAL ENTITY (other than DBA) (typed or printed)   TITLE    PREPARER'S NAME AND ADDRESS (typed or printed)   TELEPHONE NUMBER   TITLE    TELEPHONE NUMBER   TITLE    TITLE    TELEPHONE NUMBER   TITLE    THE PROPERTY IN TITLE    THE PROP	IF:	MOVED ILINKED PA	RTED DESTRO	OVED []	ARANDON	FD					
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AIRPORTIFBO WHERE NORMALLY KEPT  CITY  STATE ZIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:  OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (V)  Proprietorship Dartnership Corporation Corporation Country In the following declaration must be completed and signed. If you do not do so, it may result in penalties.  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 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, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  TITLE  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE		CRAFT NOT HABITUALLY BASED	IN THIS COUNTY								
CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:    OTHER:   ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.    OWNERSHIP TYPE (©)   DECLARATION BY ASSESSEE   Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.									HANGAR/TIE-DOWN	I NO.	
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ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (②) Proprietorship   DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.    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 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, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*   DATE    DATE	CITY						STATE	ZIP CODE			
ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (②) Proprietorship	CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SA					R SALE	IN	TRANSIT TO:			
DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.    Partnership							О	THER:			
Proprietorship Partnership Corporation Other Oth										OUR AIRCRAFT.	
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ( )	Pr Pa Co	oprietorship Note  intrinership I certify (in statement)	or declare) under p t, including accomp rrect, and complete	penalty of panying sch	must be perjury undedules, sides all pro	complet nder the tatement operty re	ed and laws of s or oth quired	d signed. If you the state of the State of the attachment to be reported	tu do not do so, it may f California that I have e ts, and to the best of my i which is owned, claimed,	xamined this property knowledge and belief it possessed, controlled,	
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ( )	SIG	NATURE OF ASSESSEE OR AUTHORIZE	ED AGENT*						DATE		
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ( )	NAI	ME OF ASSESSEE OR AUTHORIZED AGE	ENT* (typed or printed)					1	TITLE		
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ( )											
( )	NAI	ME OF LEGAL ENTITY (other than DBA) (t	typed or printed)					F	EDERAL EMPLOYER ID NUMB	ER	
E-MAIL ADDRESS	PRI	EPARER'S NAME AND ADDRESS (typed o	or printed)			TELEPHO	NE NUM	BER 1	TITLE		
	E-M	IAIL ADDRESS				l	<i>)</i>				

### 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 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.

## **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.