| Mode And LAN INCOMPRESS         Mode Ancessary corrections to the privide name and making address.)         Image And Land Control to the privide name and making address.)         Image And Land Control to the privide name and making address.)         Image And Land Control to the privide name and making address.)         Image And Land Control to the privide name and making address.)         Image And Land Control to the privide name and making address.)         Image And Land Control to the privide name and making address.         Image And Land Control to the privide name and making address.         Image And Land Control to the Control to the Docation listed.         Image And Land Control to the Control to the Docation listed.         Image And Land Control to the Docation listed.         Image And Land Control to the Docation listed.         Image And Land Control to the Docation of accounting records.         Image And Land Control to the Docation of accounting records.         Image And Land Control to the Docation of accounting records.         Image And Land Land Control to the Docation of accounting records.         Image Andress.         On any other individe address of Docation of Docation of accounting records.         Image Andress.         Or any other individe address of Docation of Docat  | EF-571-R-R26-0523-3100009<br>BOE-571-R (P1) REV. 26 (05-23)<br><b>APARTMENT HOUSE PR</b><br><b>STATEMENT FOR 2024</b><br>(Declaration of costs and other re<br>property information as of 12:01 A<br>RETURN THIS ORIGINAL FORM<br>FILE RETURN BY APRIL 1, 2024 | ROPERTY<br>elated<br>A.M., January 1, 20<br>I. COPIES WILL N |                    | TED.                 |            |               |          | <b>Placer C</b><br>2980 Richa<br>Auburn, CA<br>Phone: (53<br>Email: asse | R. Maynard<br>ounty Assess<br>rdson Drive<br>\$95603-2640<br>0) 889-4300<br>essor@placer.ca.gov/ | jov                           |
|---|--|--|--------------------|----------------------|------------|---------------|----------|--|--|-------------------------------|
|   |  |  | e and mailing add  | ress.)               |            |               |          |  |  |                               |
|   |  | ,  | 0                  | ,                    |            |               |          |  |  |                               |
| Local Telephone Number Fax Number   Email Address Fax Number   Email Address Fax Number   Email Address Statk   Enter location of general ledger and all related accounting records (include size code): Statk   STREET OTY   STREET OTY   Enter name and telephone number of suffordized person to contact al location of accounting records: (1) bit any individual or legal entity (corporation, pathemptil)   CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. (1) bit any individual or legal entity (corporation, pathemptil)   1. If you no longer own this property as of January 1 of this yeak, show the name and mailing address of the remoting enditions (1) and 2), filer must submit from the complexity (and the business entity also own 'real property' (see intervict)   Name One any other individual, pathemptilips or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your promises?   Out any the individual, pathemptilips or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your promises?   Name And AdDRESS OF OWNER OF SUCH PROPERTY ASSESSOR'S   ASSESSOR'S ASSESSOR'S   Out you hold furniture or equipment biologing to others on a busin, rental, or lease basis?   P Yes I No I'yes, list below.   Name And AdDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND DESCRIPTION   Ster R BELOW the number of such PROPERTY QUANTITY AND DESCRIPTION   INSURED I   Outry UNRUNSHED I  |  |  |                    |                      |            |               | (file    | e a separate :   | statement for each lo  | ocation)                      |
| Local Telephone Number       Fax Number       If yes, enter the unit number         Enter location of general ledger and all related accounting records (include zip code):       Staff       During the proof of January 1, 2023 through December 31, 2023.         STREET       CITY       Staff       ZiP       If yes, enter the unit number 23, 2023.         STREET       CITY       Staff       ZiP       If yes, enter the unit number 23, 2023.         Enter name and telephone number of authorized person to contact at location of accounting records:       If DE any Individual or Depart (senimaticons for definition) in the business entry in the individual sy table own Treal poperty (senimaticons for definition) in the business or own real poperty (senimaticons for definition) in the business or own real poperty (senimaticons for definition) in the business or own real poperty (senimaticons for definition) in the business or own real poperty (senimaticons for definition) in the business or own personal property (other than household furniture and personal effects or your remaints) located on your premises?         Name       XiP Code         Aba any pherion business or own personal property (other than household furniture and personal effects or your remaints) located on your premises?       Set Set Son?         Yes       No       Yes, list below.       Nature or The Business or Property       Assesson?         Super hein individuals, parmentabloging to others on a loan, rental or lease basis?       Yes       No       Yes         No       Yes, list below. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2.</td> <td></td> <td></td> <td></td>   |  |  |                    |                      |            |               | 2.       |  |  |                               |
| Enal Address  |  |  |                    |                      |            |               |          |  | ☐ Yes □  | No                            |
| Enter location of general ledger and all related accounting records (include 2 p code):          STREET       CITY       STATE       2/P         (1)       Did any individual to legal entity (core arises in the time of the company, etc.) accounting records:       (1)       Did any individual to legal entity (core arises in the time of the company, etc.) accounting records:       (1)       Did any individual to legal entity (core arises in the time of the company, etc.) accounting records:       (1)       Did any individual to legal entity (core arises in the time of the company, etc.) accounting records:       (1)       Did any individual to legal entity (core arises in the time of the company, etc.) accounting records:       (1)       Did any individual to legal entity (core arises in the time of the company, etc.) accounting records:       (1)       Did any individual to legal entity (core arises in the time of the company, etc.) accounting accounting records:       (2)       P/S (2)       No         CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.       (2)       IVSE to both questions (1) and (2). filer must submit for accounting requerements.       (2)       P/S (2)       No         Mailing Address       Zip Code       (2)       P/S (2)       No       (3)       IVSE to both questions (1) and (2). filer must submit for accounting requerements.         If you no longer con this property as of January 1 of this year, show the name and mailing address or your remarks) located on your remarks.       (3)       IVSE to both questions (1) and (2). filer must submit for accounting requerements.         (2) up a   |  |  | Fax Numbe          | er                   |            |               |          |  |  |                               |
| STREET CITY STATE P CITY STATE |  | all related accounting                                       | records (include 2 | zip code):           |            |               |          |  | eriod of January 1, 2  | 023 through December 31,      |
| Enter name and telephone number of authorized person to contact at location of accounting records:  CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.  1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new contact: Name  |  |  |                    | <b>/</b>             | STATE      | ZIP           | _        | limited lia  | bility company, etc.)  | acquire a "controlling        |
| CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.       (2) If YES_S   Mo         1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new onner.       (2) If YES_S   Mo         Name   | Enter name and telephone number of   | f authorized person to                                       | contact at locatio | on of accounting r   | ecords:    |               | _        |  | (see instructions for  | definition) in this business  |
| Nating       BOE-100-8, Statement of Change in Control and Ownership         Mailing Address       City and State       2ip Code         City and State       Zip Code       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 personal property (other than household furniture and personal effects of your tenants) located on your         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 OF USE 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 live.       I BEDRM.       1 BEDRM.       LARGER         FULLY FURNISHED       I       I       I       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  | <ol> <li>If you no longer own this prope<br/>owner:</li> </ol>   | erty as of January 1 o                                       | f this year, show  | the name and ma      | -          |               | ew       | (2) If YES, di<br>instructio<br>acquisitic<br>□ Yes                      | id this business entit<br>ns for definition) in<br>n?<br>□ No                                    | California at the time of the |
| Instructions for filing requirements.         City and State  | Name   |  |                    |                      |            |               | _        | BOE-100  | -B, Statement of Cha   | ange in Control and Ownership |
| 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 permises?         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         Wes       No       If yes, list below.         AMME 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 ive.       SEP ROOM       STUDIO       1 BEDRM.       2 BEDRM.       LARGER         FULLY FURNISHED       Image: September 2       Cost       Image: September 2       Image: September 2       Image: September 2         10. UNFURNISHED       Image: September 2       Cost       Image: September 2       Image: September 2       Image: September 2         10. Image: September 2       Image: September 2       Cost       Image: September 2       Image: September 2       Image: September 2         10. Image: September 2       Image: September 2       Image: September 2       Image: September 2       Image: Septe  | Ū  |  |                    |                      |            |               |          |  |  |                               |
| 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 fumilture or equipment belonging to others on a loan, rental, or lease basis?   | City and State   |  |                    | Zip Code             |            |               |          | monuolio   | no for hing roquion  | ionto.                        |
| 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         G. 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       Image: Constraint of the store of  | 4. Do any other individuals, partner premises?   | erships or corporation<br>If <b>yes,</b> list below.         | s do business or o | own personal prop    | perty (oth | er than house | ehold fu | irniture and p   | ersonal effects of yo  | ur tenants) located on your   |
| 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       Image: Complete Schedule A, any unit in which you live.         FULLY FURNISHED       Image: Complete Schedule A, any unit in which you live.         PARTLY FURNISHED       Image: Complete Schedule A, any unit in which you live.         7. Supplies       Cost         8. Furniture and appliances       Enter From Schedule A         9. Other furniture and equipment       Enter From Schedule B         10.       Image: Complete Schedule B         9. Other furniture and equipment       Enter From Schedule B         9. Other furniture and equipment       Enter From Schedule B         9. Other furniture and equipment       Enter From Schedule B         9. Other furniture and equipment       Enter From Schedule B         9. Other furniture and equipment       Enter From Schedule B         9. Other furniture and equipment       Enter From Schedule B         9. Other furniture and equipment       OTHER IMPROVEMENTS  | NAME AND ADDRESS OF C  | NATURE OF THE BUSIN  |                    |                      |            | S OR PROP     | ERTY     |  |  |                               |
| 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. <ul> <li>SLP. ROOM</li> <li>STUDIO</li> <li>I BEDRM.</li> <li>2 BEDRM.</li> <li>3 BEDRM.</li> <li>LARGER</li> </ul> FULLY FURNISHED         I <td></td> <td></td> <td>ers on a loan, ren</td> <td>Ital, or lease basis</td> <td>\$?</td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |  | ers on a loan, ren | Ital, or lease basis | \$?        |               |          |  |  |                               |
| Schedule A. Do not include, either here or in Schedule A, any unit in which you live.       X       X       X         SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       Image: Construction of the second of the se  | NAME AND ADDRESS OF O  |  | Q                  |                      |            |               |          |  |  |                               |
| FULLY FURNISHED       Image: Construction of the second seco  |  | ither here or in Sched                                       | ule A, any unit in | which you live.      |            | ,,            | -        |  |  |                               |
| PARTLY FURNISHED         Image: Constant or Co                                | FULLY FURNISHED  |  | 010010             |                      |            | DEDITA        |          | DEDITA   | ErittoEitt   |                               |
| UNFURNISHED         Image: Second secon                                 |  |  |                    |                      |            |               | -        |  |  |                               |
| TOTALS         Image: Second sec                                 |  |  |                    |                      |            |               | +        |  |  |                               |
| 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   |  |  |                    |                      |            |               |          |  |  |                               |
| 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  |  | 1  |                    | 1                    |            |               | Cos      | t  | · · · · · · · · · · · · · · · · · · ·  |                               |
| 9. Other furniture and equipment     Enter From Schedule B       10.     Image: Constraint of the second s   |  |  |                    |                      | En         | ter From Sch  |          |  |  |                               |
| 10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS  |  |  |                    |                      |            |               |          |  |  |                               |
| TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS  |  |  |                    |                      |            |               |          | ·  |  |                               |
| PERSONAL PROPERTY<br>FIXTURES<br>OTHER IMPROVEMENTS   |  |  |                    |                      |            |               |          |  |  |                               |
| FIXTURES       OTHER IMPROVEMENTS   |  |  |                    |                      |            |               |          | TOTAL FL   | JLL VALUE  |                               |
| OTHER IMPROVEMENTS  |  |  |                    |                      |            |               |          | PERSON   | AL PROPERTY  |                               |
|   |  |  |                    |                      |            |               |          | FIXTURE  | S  |                               |
| LAND  |  |  |                    |                      |            |               |          | OTHER IN   | /PROVEMENTS  |                               |
|   |  |  |                    |                      |            |               |          | LAND   |  |                               |

BOE-571-R (P2) REV. 26 (05-23)

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

REMARKS:

## 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, 2024.

| OWNERSHIP      |  | SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*               | DATE                       |       |
|----------------|--|--|----------------------------|-------|
| TYPE (☑)       |  |  |                            |       |
|                |  | 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

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.