EF-577-R04-0514-07000670-1 BOE-577 (P1) REV. 04 (05-14)

AIRCRAFT PROPERTY STATEMENT

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



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

		,	,	,	
FILE RETURN BY:					

PLEASE NOTE: This form must be filed timely with the Assessor's office, regardless of the status of the Historical

Aircraft Exemption Claim										
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)					٦	FOR ASSESSOR'S USE ONL				
SECTION I: MUST BE COMPI	FTED ANNII	ΔΙΙΥ								
FAA REGISTRATION NUMBER			ONE NUMBE	R AIRCR	AFT LOCATION (AIRPO	ORT, HANGAR O	R TIE-DOWN	NUMBER)		
MANUFACTURER		,	MODEL					,	EAR BUILT	
SERIAL NUMBER			PURCHA	SE DATE	PURCHASE PRICE		DATE MOVE	D TO THIS CO	DUNTY	
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSESSED	IN ANOTHER	R CALIFORN	A COUNTY, INDICATE	COUNTY NAME	AND ASSESS	SMENT YEARS	3	
FIXED BASE OPERATOR NAME				LAST MAJOR	R AIRFRAME OVERHA	UL DATE:	COST:			
AIRCRAFT CONDITION: WHEN PURCHASED NEV CURRENT NEV INTERIOR NEV EXTERIOR NEV	V G001 V G001	D	VERAGE VERAGE VERAGE VERAGE	POOR POOR POOR POOR	EQUIPMENT LEAS	IF YES, SEE INS	SED, ADDEI	O OR RETIR	ED	
IF YOU CHECKED CHART	NOTE: COMMO RY: REPORT O	OU USE TH N CARRIAG NLY ADDED	E AIRCRAFT SE DOES NOT O OR REPLAC	IN COMMON INCLUDE FI CED AVIONIC		RT 91 OWNER F RIGINAL STAND	TIME? () LIGHTS.	YES NO	HOW/MUSEUM	
UNIT	ACQUISITION DATE	COST	CONDITION	ASSESSOR USE ONLY	UNIT ACQUISITION DATE		N COST NEW	CONDITION	ASSESSOR USE ONLY	
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR	DAIL			OCC ONE!	RADAR ALTIMETER	BAIL	NEW -		JOE SHET	
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 EQUIPMEN	п				
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING					
AUTOPILOT NUMBER OF AXES					BOOTS					
FLIGHT DIRECTOR					HF TRANSCEIVERS					
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER NON-FACTORY AVIONICS					

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



EF-577-R04-0514-07000670-2

BOE-577 (P2) REV. 04 (05-14) SECTION 1: (continued)

PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

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 IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT IF SOLD OR DONATED: DATE OF SALE ADDRESS CITY STATE ZIP CODE COUNTY IF: MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT HANGAR/TIE-DOWN NO. CITY STATE ZIP CODE COUNTY HANGAR/TIE-DOWN NO.	AIRFRAME HOURS:		7						
MAST MASSESSEE OR AUTHORZEON ASSESSEE INCLUDING SINCE MANUELY TRANSMISSION THIS COUNTY IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT IF SOLD OR DONARD DATE INCUMED IN DIFFER THE DESTROYED ABANDONED DATE NEW OWNER NAME ADDRESS CITY IF AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY IF AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY IF AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY IF COVER SALES AND AUTHORZED OR SALE AND AUTHORY OF PROPRIES OF OWNER STATE OF COUNTY IF AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY IF COVER SALE AND AUTHORZED OR SALE AND AUTHORY OF THE SALES ON TRACE IN TRANSITION. AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY IF COVER SALE AND AUTHORZED OR SALE AND AUTHORY OF THE SALES ON TRACE IN TRANSITION. AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY IF COVER SALE AND AUTHORY OF THE SALE AND AUTHORY OF THE SALES ON TRACE IN TRANSITION. AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY IF COVER SALE AND AUTHORY OF THE SALE AND AUTHORY OF THE SALES ON TRACE IN TRANSITION. AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY IF COVER SALE AND AUTHORY OF THE SALE AND AUTHORY OF THE SALES ON TRACE IN TRANSITION. AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY IF COVER SALE AND AUTHORY OF THE SALE AND A	ENGINE(S)	SINGLE	LEFT	RIGHT		FOR HELICOPTERS - HOURS SINCE MAJOR OVERHAUL:			
MAST TRANSMISSON DIVERSIANS TARROTOR TARROTOR TORROWS AND THE PROPERTY OF THE SALES CONTRACT FOR MANUFACTURE MAST TRANSMISSON DIVERSANS TORROWS ASSESSED THE PROPERTY OF THE SALES CONTRACT FOR HOLDERS BINCE WAS NOT BE 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 FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FARCHAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE	MAKE					ENGINE			
TRANSMISSION DRIVENHY HOURS BINCE NEW CONTROL HOURS BINCE MAN COVERHAUL THAN ENTER CONTROL BERYORS MISCELLANFOUS HOURS BINCE MAN COVERHAUL THAN ENTER CONTROL BERYORS MISCELLANFOUS	MODEL					MAST			
HOURS SINCE NEW HOURS SINCE MAJOR OVERHAUL THOSE SETTIME DEFINED OVERHAUL THOSE SETTIME DEFINED OVERHAULS (TBO) HOURS SINCE MAJOR OVERHAUL DATE OF MAJOR OVERHAU	YEAR OF MANUFACTURE					WAOT			
HOURS SINCE NEW LOURS ANCE MAJOR OVERHAUL TIME BETWEEN OVERHAULS (150) HOURS SINCE MOUNT BY DATE OF MAJOR OVERHAUL DATE OF LANDING GEAR OVERHAUL ENFORTED THE FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR AME AND ADDRESS OF OWNER IF DIFFERINT FROM FAA REGISTERED OWNER THANKE DIFFERENT THE FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR AME AND ADDRESS OF OWNER IF DIFFERINT FROM FAA REGISTERED OWNER THANKE DIFFERENT THE FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR AME AND ADDRESS OF OWNER IF DIFFERINT FROM FAA REGISTERED OWNER THANKE CITY STATE ZIP CODE COUNTY FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FOR FORM OF THE SALES CONTRACT ARROPH THE SALES CONTRACT ARROPH THE SALE SALE FRICE COUNTY ARROPATION OF THE SALES CONTRACT THE MOVED JUNKED PARTED DESTROYED ABANDONED COUNTY ARROPATION OF THE SALES ON THE SALES CONTRACT THE MOVED JUNKED PARTED DESTROYED ABANDONED COUNTY ARROPATION OF THE SALES ON THE SALES CONTRACT THE MOVED JUNKED PARTED DESTROYED ABANDONED COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY ARROPATION OF THE SALE SALE FROM ON THE SALE SALE SALE SALE SALE SALE SALE FROM ON THE SALE SALE SALE SALE SALE SALE SALE SAL	HORSEPOWER								
HOURS SINCE MAJOR OVERHAUL (190) NOURS SINCE MAJOR OVERHAUL (190) NOURS SINCE MAJOR OVERHAUL ENGINE MAJOR OVER OVER OVER OVER OVER OVER OVER OV	HOURS SINCE NEW							BENEEO	
INDURS SINCE MIDLIFE DATE OF MAJOR OVERHAUL DATE OF MAJORS OGERA OVERHAUL ENGINE MAJOR OVER OVERHAUL ENGINE MAJOR OVERHAUL ENGINE MAJ	HOURS SINCE MAJOR OVERHAUL								
DATE OF MAJOR OVERHAUL DATE OF LANDING GEAR OVERHAUL DATE OF LANDING GEAR OVERHAUL DATE OF LANDING GEAR OVERHAUL SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS OF OWNER IP DIFFERENT FROM FAA REGISTERED OWNER HAME AND ADDRESS OF OWNER IP DIFFERENT FROM FAA REGISTERED OWNER NAME ADDRESS CITY STATE ZIP CODE COUNTY F AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT IF SOLD OR DONATED: DATE OF SALE S SALE PRICE NEW OWNER NAME CITY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY FIP: MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRCRAFT NOT HABITUALLY KEPT CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (5) PROPHERSHIP TYPE (5) PROPHERSHIP TYPE (5) PROPHERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. OWNERSHIP TYPE (6) PROPHERSHIP TYPE (7) PORTEONING ONE THE CHECK OF MEMBERS NAMES. DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in ponalties. JECTIFY OF MEMBERS NAMES. SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT' (byed or printed) NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TILLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TILLE TILLEPHONE NUMBER TILLEPHONE NUMB	TIME BETWEEN OVERHAULS (TBO))							
DATE OF LANDING GEAR OVERHAUL ENGINE MAINTENANCE SERVICE PROGRAM: YES NO ENROLLMENT DATE: ENGILMENT DATE: ENROLLMENT	HOURS SINCE MIDLIFE								
ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: COMPLETE IF PIRST 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 F ARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT F SOLD OR DONATED: DATE OF SALE ADDRESS CITY STATE ZIP CODE COUNTY F. MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW CONTON (IF MOVED) ARRORATION ARRORATION ARRORATION ARRORATION ARRORATION ARRORATION ARRORATION ARRORATION ARRORATION ARRORATION WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY HANGARTIE-DOWN NO. CITY CITY STATE ZIP CODE COUNTY HANGARTIE-DOWN NO. COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: IF OWNERSHIP TYPE (S) IF OWNER	DATE OF MAJOR OVERHAUL								
MAME OF PROGRAM: FOR HOMEBUILT, KI, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION II: COMPLETE IF FIRST TIME FLING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR NAME AND ADDRESS CITY STATE ZIP CODE COUNTY F AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT F SOLD OR DONATED: DATE OF SALE ADDRESS CITY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY F. AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT F SOLD OR DONATED: DATE OF SALE NEW OWNER NAME ADDRESS CITY STATE ZIP CODE COUNTY F. MOVED JUNKED PARTED DESTROYED ABANDONED COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (S) 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 required to be reported which is owned, claimed, possesse on this statement, and to the best of my knowledge and being is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesses on this statement at 12-01 a.m. on January 1, 20 DATE NAME OF ASSESSEE OR AUTHORIZED AGENT PREPARER'S NAME AND ADDRESS (typed or printed) TITLE NAME OF LEGAL ENTITY (differ than DBA) (typed or printed) FELEPHONE NUMBER TITLE	DATE OF LANDING GEAR OVERHAL	JL							
NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER NAME ADDRESS STATE ZIP CODE COUNTY FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT FROLLO OR DONATED: DATE OF SALE S SALE PRICE 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 AIRPORT/FBO WHERE NORMALLY KEPT TOTHER: 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 Pattnership COWNERSHIP TYPE (ZI) Proprietorship Pattnership Competation Statement of the best of my knowledge and belief is frue. correct, and complete and includes all property required to be reported which is owned, claimed, possesse conforted and statement at 2018 and manually 1, 20 SIGNATURE OF ASSESSEE OR AUITHORIZED AGENT' (typed or printed) TILLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TILLE TELEPHONE NUMBER TITLE TILLE TOTH TOT	NAME OF PROGRAM: FOR HOMEBUILT, KIT, OR EX	(PERIMENTAL AIRCR	AFT, ENTE	R EXACT DATE (RST FLIGHT:			
F AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT IF SOLD OR DONATED: DATE OF SALE \$ SALE PRICE NEW OWNER NAME ADDRESS CITY STATE ZIP CODE COUNTY IF: MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) COUNTY EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORTIFBO WHERE NORMALLY KEPT HANGARTIE-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 (32) Proprietorship Of the Following declaration must be completed and signed. If you do not do so, it may result in penalties. DECLARATION BY ASSESSEE Note: The following accompanying schedules, statements or other attachments, and to the best of my knowledge and belief corporation is true, correct, and complete and includes all property required to be reported					THE	LAST CALENI	DAR YEAR		
FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT IF SOLD OR DONATED: DATE OF SALE SALE PRICE ADDRESS CITY STATE ZIP CODE COUNTY FIE MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) COUNTY AIRPORTIFED WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY AIRPORTIFED WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: DOTHER: ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (2) Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. COWNERSHIP TYPE (2) Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. COUNTY DECLARATION BY ASSESSEE Note: The following ascompanying schedules, statements or other attachments, and to the best of my knowledge and belief and includes all property required to be reported which is owned, claimed, possesse 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) FEDERAL EMPLOYER ID NUMBER TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TOWATH THE ADDRAILY TOWATH THE ADDRAILY TOWATH THE ADDRAILY THE ADDRAILY THE ADDRAILY THE ADDRAILY	NAME			ADDRESS					
FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT IF SOLD OR DONATED: DATE OF SALE SALE PRICE ADDRESS CITY STATE ZIP CODE COUNTY FIE MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) COUNTY AIRPORTIFED WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY AIRPORTIFED WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: DOTHER: ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (2) Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. COWNERSHIP TYPE (2) Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. COUNTY DECLARATION BY ASSESSEE Note: The following ascompanying schedules, statements or other attachments, and to the best of my knowledge and belief and includes all property required to be reported which is owned, claimed, possesse 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) FEDERAL EMPLOYER ID NUMBER TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TOWATH THE ADDRAILY TOWATH THE ADDRAILY TOWATH THE ADDRAILY THE ADDRAILY THE ADDRAILY THE ADDRAILY	OUTV				CTAT		00111:7:		
STATE ZIP CODE COUNTY	CITY				SIAI	E ZIP CODE	COUNTY		
STATE ZIP CODE COUNTY	IF AIRCRAFT WAS SOLD. ATTAC	CH A COMPLETE COPY	OF THE SAL	ES CONTRACT					
IF: MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) EXPLANATION AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/IFBO WHERE NORMALLY KEPT CITY 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 (Z) Proprietorship I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse on this statement at 12:01 a.m. on January 1, 20 SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE PREPARER'S NAME AND ADDRESS (typed or printed) TILLE THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	<u> </u>		<u> </u>	ı					
CITY STATE ZIP CODE COUNTY FE	•								
DATE NEW LOCATION (IF MOVED) COUNTY AIRCAFT 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 (IZ) 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 proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true. correct, and complete and includes all property required which is owned, claimed, possesse 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) TILLE PREPARER'S NAME AND ADDRESS (typed or printed) TILLE PREPARER'S NAME AND ADDRESS (typed or printed) TILLE THE PLONE NUMBER TILLE TILLE TILLE THE PLONE NUMBER TILLE TILLE TILLE THE PLONE NUMBER TILLE TILLE THE PLONE NUMBER THE PLONE	NEW OWNER NAME			ADDRESS					
DATE NEW LOCATION (IF MOVED) 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) Proprietorship October 1 Certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required which is owned, claimed, possesse Other 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 NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TILLE PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TILLE TELEPHONE NUMBER TILLE	CITY				STAT	E ZIP CODE	COUNTY		
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: 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) 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 proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required which is owned, claimed, possesse Other 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* PREPARER'S NAME AND ADDRESS (typed or printed) TILLE TELEPHONE NUMBER TILLE TILLE TILLE TELEPHONE NUMBER TILLE TILLE TILLE TELEPHONE NUMBER TILLE TILLE TILLE TILLE	IF: MOVED JUNKED	PARTED DESTR	OYED	ABANDONED					
AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO 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 (IZ) Proprietorship Corporation Corporation Corporation Corporation 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 HANGAR/TIE-DOWN NO. HANGAR/TIE-DOWN NO. HANGAR/TIE-DOWN NO. HANGAR/TIE-DOWN NO. HANGAR/TIE-DOWN NO. HANGAR/TIE-DOWN NO. COUNTY COUNTY DOTHER: 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. DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Telephone Is the State of California that I have examined this proper statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse or nother attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse or nother attachments, and to the best of my knowledge and belief to certi							COUNTY		
AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO 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 (IZ) Proprietorship Corporation Corporation Corporation Corporation 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 HANGAR/TIE-DOWN NO. HANGAR/TIE-DOWN NO. HANGAR/TIE-DOWN NO. HANGAR/TIE-DOWN NO. HANGAR/TIE-DOWN NO. HANGAR/TIE-DOWN NO. COUNTY COUNTY DOTHER: 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. DECLARATION BY ASSESSEE Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. Telephone Is the State of California that I have examined this proper statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse or nother attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse or nother attachments, and to the best of my knowledge and belief to certi									
AIRPORT/FBO WHERE NORMALLY KEPT STATE ZIP CODE COUNTY	EXPLANATION								
AIRPORT/FBO WHERE NORMALLY KEPT 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 (IZ) Proprietorship Partnership Corporation In Corporation Corporati							LIANGAR/TIE DOV	AL NO	
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 (ID) Proprietorship Corporation In Corporation	AIRPORT/FBO WHERE NORMAL	LY KEPT					HANGAR/TIE-DOV	VN NO.	
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 (Z) Proprietorship Partnership Corporation Other Other Other Other NAME OF ASSESSEE OR AUTHORIZED AGENT* NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TELEPHONE NUMBER TELEPHONE NUMBER TITLE TELEPHONE NUMBER TITLE TELEPHONE NUMBER TITLE	CITY				STAT	E ZIP CODE	COUNTY		
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 (IZ) Proprietorship Partnership Corporation Other Corporation Corporation Corporation Other Corporation Other Corporation Cor									
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. 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 proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse ontrolled, 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 LEGAL ENTITY (other than DBA) (typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TILLE TELEPHONE NUMBER TITLE TITLE TELEPHONE NUMBER TITLE	CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE								
IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. OWNERSHIP TYPE (☑) Proprietorship Partnership Corporation Other Cother NAME OF LEGAL ENTITY (other than DBA) (typed or printed) IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES. 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 proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessee on this statement at 12:01 a.m. on January 1, 20 DATE NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) TITLE NAME OF LEGAL ENTITY (other than DBA) (typed or printed) TITLE TELEPHONE NUMBER TITLE									
Proprietorship Partnership Corporation Other 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 proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse 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 LEGAL ENTITY (other than DBA) (typed or printed) TITLE PREPARER'S NAME AND ADDRESS (typed or printed) TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ATTACH STATEMENT							YOUR AIRCRAFT.	
NAME OF LEGAL ENTITY (other than DBA) (typed or printed) PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()	Proprietorship Partnership Corporation Other Corporation	rtify (or declare) under ement, including accom ue, correct, and comp rolled, or managed by t	penalty of panying scholete and in	must be comple perjury under the nedules, statement ocludes all prope	ted and a laws ts or derty re	nd signed. If you of the State of the State of ther attachmen equired to be not this statement.	ou do not do so, it may f California that I have ts, and to the best of m eported which is owne t at 12:01 a.m. on Janua	examined this property y knowledge and belief it ed, claimed, possessed,	
NAME OF LEGAL ENTITY (other than DBA) (typed or printed) PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()	NAME OF ASSESSEE OF AUTHORIZE	ED ACENT* (hypod or printed)					TITI C		
PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()	INAMIE OF ASSESSEE OR AUTHORIZE	ED AGENT (typea or printed)					IIILE		
()	NAME OF LEGAL ENTITY (other than I	DBA) (typed or printed)					FEDERAL EMPLOYER ID NUM	MBER	
E-MAIL ADDRESS	PREPARER'S NAME AND ADDRESS (typed or printed)		TELEPHO	NE NU	MBER -	TITLE		
	E-MAIL ADDRESS				<u> </u>				

*AGENT: SEE INSTRUCTIONS FOR DECLARATION BY ASSESSEE. 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.



EF-577-R04-0514-0700067