EF-577-R03-0810-15000616-1 BOE-577 (P1) REV. 03 (08-10)

# AIRCRAFT PROPERTY STATEMENT

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



# Laura Avila Kern County Assessor and Recorder

1115 Truxtun Avenue Bakersfield CA 93301-4639 (661) 868-3485

FILE RETURN BY:		_								
PLEASE NOTE: This form mus office, regardless of the status Claim. Penalties will apply if no	of the Histori									
NAME AND MAILING A (Make necessary corre		atod namo and	l mailing ad	dross)		500.4	2252222			
(iviake necessary correc	cuoris to trie prir	neu name and	i maiing au	uress)	7	FOR A	SSESSOR'S	S USE ONLY		
SECTION I: MUST BE COMPI	LETED ANNU	ALLY								
FAA REGISTRATION NUMBER	[	DAYTIME PHO	NE NUMBI	ER AIRCR	AFT LOCATION (AIRPORT	, HANGAR OF	R TIE-DOWN	NUMBER)		
N		( )								
MANUFACTURER			MODEL						YEAR BUILT	
SERIAL NUMBER			PURCHA	ASE DATE	PURCHASE PRICE		DATE MOVE	D TO THIS CO	OUNTY	
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OR	ASSESSED I	N ANOTHE	R CALIFORN	1 '	UNTY NAME A	AND ASSESS	SMENT YEAR	S	
FIXED BASE OPERATOR NAME				LAST MAJOR AIRFRAME OVERHAUL DATE:			COST:			
AIRCRAFT CONDITION:					DAMAGE HISTORY	I				
WHEN PURCHASED NEV	V 🔲 GOOI	D AVE	ERAGE [	POOR						
CURRENT NEV	=	=	ERAGE	POOR	FOURDMENT LEACED EVOLUNICED ADDED OF DETIDED					
	INTERIOR NEW GOOD AVERAGE			POOR	EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED  YES NO IFYES, SEE INSTRUCTIONS AND ATTACH SCHEDULE.					
EXTERIOR NEV	V GOOI	D AVE	ERAGE	POOR	YES NO IF	YES, SEE INS	TRUCTIONS	S AND ATTACI	H SCHEDULE.	
TYPE OF USAGE:  PERSONAL/PLEASURE F	LIGHT TRAININ	IG RENTA	AL CHA	ARTER/TAXI	BUSINESS FRAC	TIONAL OWN	ERSHIP PRO	GRAM SI	HOW/MUSEUM	
IF YOU CHECKED CHART	TER/TAXI, DO Y	OU USE THE	AIRCRAFT	IN COMMON	I CARRIAGE MORE THAN ERRY FLIGHTS OR PART !	50% OF THE	TIME?	res No		
AVIONICS SUMMARY: REPORT ONLY AD	IICS SUMMARY: REPORT ONLY ADDED OR REPLACED AVIONICS. DO NOT REPORT ORIGINAL STANDARD FACTORY AVIONICS. FOR CONDITION, PLEASE ENTER (N) NEW, (A) AVERAGE, (P) POOR.									
UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY	UNIT	ACQUISITION DATE	I COST NEW	CONDITION	ASSESSOR USE ONLY	
RVSM REDUCED VERTICAL SEPARATION MINIMUM					RADAR ALTIMETER					
MONITOR  TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODER					
EFIS					RMI					
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					RADIO MAGNETIC INDICATOR  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		1			
AUTOPILOT  NUMBER OF AXES					BOOTS					
FLIGHT DIRECTOR					HF TRANSCEIVERS HIGH FREQUENCY					
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



TOTAL	I AIDEDAME HOLIDS AS OF IANIIADV 1.	

TOTAL AIRFRAIME HOUR	3 A3 OF JANUART I	•						
ENGINE(S)	SINGLE	LEFT	RIGHT		FOR HEL	ICOPTERS - HOURS SINC	E MAJOR OVERHAUL:	
MAKE					ENGINE	MAIN ROTOR BLADES	MAIN ROTOR HEAD ASSEMBLY	
MODEL				-	MAST	MAST	TAIL ROTOR	
YEAR OF MANUFACTURE				_  -		TRANSMISSION	DRIVESHAFT	
HORSEPOWER					TAIL ROTOR GEARBOX	TAIL ROTOR HUB ASSEMBLY	TAIL ROTOR BLADES	
HOURS SINCE NEW					SERVOS	MISCELLANEOUS		
HOURS SINCE MAJOR OVERHA				L				
TIME BETWEEN OVERHAULS (T	, l			*	AS OF JANUAR	Y 1.		
ENGINE MAINTENANCE S	BERVICE PROGRAM:	YES NO		_		IT DATE:		
NAME OF PROGRAM: FOR HOMEBUILT, KIT, OR	EXPERIMENTAL AIR	CRAFT ENTER EX	(ACT DATE (		_	II DAIE		
		·				IDAD VEAD	<del>_</del>	
SECTION II: COMPLETE I				IHEL	ASI CALEN	IDAR YEAR		
NAME			DRESS					
CITY				STATE	ZIP CODE	COUNTY		
	ATE OF SALE	SALE PRICE						
IF SOLD OR DONATED:	= 5. 5	\$						
NEW OWNER NAME			DRESS					
CITY				СТАТЕ	ZIP CODE	COLINITY		
CITY				SIAIE	ZIP CODE	COUNTY		
IF: MOVED JUNKED	PARTED DE	STROYED ABAN	NDONED					
		ABAN	NDONED			LOOUNITY/		
DATE NEW LC	OCATION (IF MOVED)					COUNTY		
EXPLANATION								
AIRCRAFT NOT HABITUALLY	Y BASED IN THIS COUN	TY						
AIRPORT/FBO WHERE NORM	MALLY KEPT				HANGAR/TIE-DOWN NO.			
CITY				STATE	ZIP CODE	COUNTY		
CHECK REASON AIRCRAFT		INTV: DEDAIDS			TRANSIT TO			
CHECK REASON AIRCRAFT	S OR WAS IN THIS COL	JNTY: REPAIRS _	FOR SALE			:		
					THER:			
ATTACH STATEME		' ADDITIONAL INFO IIP TYPE IS LLC, PI				ASSIST US IN VALUING IBERS NAMES	YOUR AIRCRAFT.	
OWNERSHIP TYPE (☑)	II OWNEROI	111 111 10 110,11			BY ASSES			
Proprietorship	Note: The following	ng declaration mus	_	_		ou do not do so, it ma	y result in penalties.	
Partnership	certify (or declare) ur	nder penalty of perj	ury under the	laws o	of the State	of California that I have	e examined this property	
	,	, , ,	*			*	y knowledge and belief it	
Other						d which is owned, claime ent at 12:01 a.m. on Jan	d, possessed, controlled,	
SIGNATURE OF ASSESSEE OR A	•	by the person hame	,a as inc asse	,3300 II	Tuno stateme	DATE	uary 1, 20	
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)						TITLE		
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)						FEDERAL EMPLOYER ID NUMBER		
,	, (), r							
PREPARER'S NAME AND ADDRE	SS (typed or printed)		TELEPHO	NE NUM	IBER	TITLE		
E-MAIL ADDRESS			(	)				

\* 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.



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