## AIRCRAFT PROPERTY STATEMENT

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

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



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#### Mono County Office of the Assessor Barry Beck Assessor

PO Box 456
Bridgeport, CA 93517-0456
Telephone: 760-932-5510
Fax: 760-932-5511
Email: assessor@mono.ca.gov
Website: www.monocounty.ca.gov/assessor

FOR ASSESSOR'S USE ONLY

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 mailing address)

SECTION I: MUST BE COMPLE FAA REGISTRATION NUMBER			IONE NUMBE		AFT LOCATION (AIRPOR							
N	(	()					HE DOWN					
MANUFACTURER		( )	MODEL					1	YEAR BUILT			
ERIAL NUMBER			PURCHA	SE DATE	PURCHASE PRICE	D	ATE MOVE	D TO THIS CO	DUNTY			
					\$							
FOR AIRCRAFT PREVIOUSLY REGI	ISTERED OR	ASSESSED	IN ANOTHER	R CALIFORN	IA COUNTY, INDICATE CO	OUNTY NAME A	ND ASSESS	MENT YEAR	S			
							00T					
FIXED BASE OPERATOR NAME				LAST MAJO	R AIRFRAME OVERHAUL	DATE: C	OST:					
AIRCRAFT CONDITION:						¥						
WHEN PURCHASED NEW	GOOL		/ERAGE	POOR	DAMAGE HISTORY							
CURRENT NEW									STRUCTIONS AND ATTACH STATEMENT.			
INTERIOR NEW	GOOI	D 🗌 AV	/ERAGE					GED, ADDED OR RETIRED				
EXTERIOR NEW	GOO[	D 🗌 AV	/ERAGE	POOR	YES NO IF	YES, SEE INST	RUCTIONS	AND ATTACH	H SCHEDULE.			
	R/TAXI, DO Y DTE: COMMO	OU USE THI N CARRIAG	E AIRCRAFT E DOES NOT	IN COMMON	CARRIAGE MORE THAN ERRY FLIGHTS OR PART	50% OF THE T 91 OWNER FLI	IME?	'ES NO	HOW/MUSEUN			
	F	OR CONDI		E ENTER (N	S. DO NOT REPORT ORIO NEW, (A) AVERAGE, (P)	POOR.		Y AVIONICS.				
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 AXES												
					BOOTS							
FLIGHT DIRECTOR					BOOTS HF TRANSCEIVERS HIGH FREQUENCY OTHER NON-FACTORY							

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

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

E-577 (P2) REV. 06 (05-16)) SECTION 1: (continued)
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AIRFRAME HOURS:			RIGHT				
ENGINE(S)	SINGLE	LEFT	RIGHT	—   <sub>Г</sub>		COPTERS - HOURS SINC	
MAKE					ENGINE	MAIN ROTOR BLADES	MAIN ROTOR HEAD ASSEMBLY
					MAST	MAST	TAIL ROTOR
YEAR OF MANUFACTURE					TAIL ROTOR	TRANSMISSION TAIL ROTOR HUB	DRIVESHAFT TAIL ROTOR
HOURS SINCE NEW					GEARBOX	ASSEMBLY	BLADES
HOURS SINCE MAJOR OVERHAUL					SERVOS	MISCELLANEOUS	
TIME BETWEEN OVERHAULS (TBO)							
HOURS SINCE MIDLIFE							
DATE OF MAJOR OVERHAUL							
DATE OF MAJOR OVERHAUL							
Engine Maintenance Ser' Name of Program: For Homebuilt, Kit, or Ex		YES NO	XACT DATE (			DATE:	
SECTION II: COMPLETE IF FI				I THE L	AST CALENE	DAR YEAR	
NAME AND ADDRESS OF OWNED NAME	R IF DIFFERENT FROM		ED OWNER				
			DRE55				
CITY				STATE	ZIP CODE	COUNTY	
F AIRCRAFT WAS SOLD, ATTAC							
F SOLD OR DONATED: DATE C	OF SALE		ALE PRICE				
NEW OWNER NAME			\$ ADDRESS				
CITY		<b>i</b>		STATE	ZIP CODE	COUNTY	
IF: MOVED JUNKED	PARTED DEST		NDONED				
DATE NEW LOCAT	ION (IF MOVED)				COUNTY		
EXPLANATION							
AIRCRAFT NOT HABITUALLY BA							
AIRPORT/FBO WHERE NORMALL	YKEPI					HANGAR/TIE-DOW	/N NO.
CITY				STATE	ZIP CODE	COUNTY	
CHECK REASON AIRCRAFT IS OF	R WAS IN THIS COUNT	Y: REPAIRS	FOR SALE		TRANSIT TO:		
					THER:		
	REGARDING ANY AF	DITIONAL INF	ORMATION Y			SIST US IN VALUING	YOUR AIRCRAFT
ATTACH STATEMENT I							
ATTACH STATEMENT I	IF OWNERSHIP	<u>TYPE IS LLC, F</u>	PLEASE ATTA	CHAL	IST OF MEMB	ERS NAMES.	
OWNERSHIP TYPE (☑)		<u>_</u>	DECLAR	ATION	BY ASSESS	SEE	
OWNERSHIP TYPE (☑) Proprietorship	lote: The following	declaration mu	DECLARA st be comple	ATION ted and	BY ASSESS d signed. If yo	SEE ou do not do so, it may	
OWNERSHIP TYPE (☑)   Proprietorship   Partnership   Comparison	Note: The following ify (or declare) unde ment, including accon	declaration mu r penalty of per npanying schedi	DECLAR/ st be comple fjury under the ules, statemen	ATION ted and e laws o ts or oti	BY ASSESS d signed. If your of the State of	SEE ou do not do so, it may f California that I have ts, and to the best of my	examined this prope / knowledge and belie
OWNERSHIP TYPE (☑)   Proprietorship   Partnership   Corporation   I	<i>lote:</i> The following ify (or declare) unde nent, including accon e, correct, and com	declaration mu r penalty of per npanying schedu plete and includ	DECLARA st be comple jury under the ules, statemen des all prope	ATION ted and e laws of ts or other erty req	BY ASSESS d signed. If you of the State of her attachment uuired to be re	SEE ou do not do so, it may f California that I have ts, and to the best of my eported which is owne	examined this proper knowledge and belie d, claimed, possesse
OWNERSHIP TYPE (I)     Proprietorship     Partnership     Corporation     Other	<i>lote:</i> The following ify (or declare) unde nent, including accon e, correct, and com olled, or managed by	declaration mu r penalty of per npanying schedu plete and includ	DECLARA st be comple jury under the ules, statemen des all prope	ATION ted and e laws of ts or other erty req	BY ASSESS d signed. If you of the State of her attachment uired to be re this statement	SEE ou do not do so, it may f California that I have ts, and to the best of my	examined this proper knowledge and believ d, claimed, possesse
OWNERSHIP TYPE (I)   Proprietorship   Partnership   Corporation   Other	<i>lote:</i> The following ify (or declare) unde nent, including accon e, correct, and com olled, or managed by	declaration mu r penalty of per npanying schedu plete and includ	DECLARA st be comple jury under the ules, statemen des all prope	ATION ted and e laws of ts or other erty req	BY ASSESS d signed. If you of the State of her attachment uired to be re this statement	SEE ou do not do so, it may f California that I have ts, and to the best of my eported which is owne t at 12:01 a.m. on Janua	examined this proper knowledge and belie d, claimed, possesse
OWNERSHIP TYPE (☑)     Proprietorship     Partnership     Corporation     Other     SIGNATURE OF ASSESSEE OR AUTHOR	Note: The following ify (or declare) unde ment, including accon e, correct, and com olled, or managed by DRIZED AGENT*	declaration mu r penalty of per npanying schedo plete and inclu the person name	DECLARA st be comple jury under the ules, statemen des all prope	ATION ted and e laws of ts or other erty req	BY ASSESS d signed. If yo of the State of her attachment uired to be r this statement	SEE ou do not do so, it may f California that I have ts, and to the best of my eported which is owne t at 12:01 a.m. on Janua	examined this proper knowledge and belie d, claimed, possesse
OWNERSHIP TYPE (☑)     Proprietorship     Partnership     Corporation     Other     SIGNATURE OF ASSESSEE OR AUTHORIZED     NAME OF ASSESSEE OR AUTHORIZED	<b>Vote: The following</b> ify (or declare) unde nent, including accon e, correct, and com olled, or managed by DRIZED AGENT*	declaration mu r penalty of per npanying schedo plete and inclu the person name	DECLARA st be comple jury under the ules, statemen des all prope	ATION ted and e laws of ts or other erty req	BY ASSESS d signed. If yo of the State on her attachmeni uired to be ro this statement	SEE bu do not do so, it may f California that I have ts, and to the best of my eported which is owne t at 12:01 a.m. on Janua DATE	examined this prope v knowledge and belie d, claimed, possesse ary 1, 20
OWNERSHIP TYPE (☑)   Proprietorship   Partnership   Corporation	<b>Vote: The following</b> ify (or declare) unde nent, including accon e, correct, and com olled, or managed by DRIZED AGENT*	declaration mu r penalty of per npanying schedo plete and inclu the person name	DECLARA st be comple jury under the ules, statemen des all prope	ATION ted and e laws of ts or other erty req	BY ASSESS d signed. If yo of the State on her attachmeni uired to be ro this statement	SEE bu do not do so, it may f California that I have ts, and to the best of my eported which is owne t at 12:01 a.m. on Janua DATE	examined this prope v knowledge and belie d, claimed, possesse ary 1, 20
OWNERSHIP TYPE (☑)     Proprietorship     Partnership     Corporation     Uther     SIGNATURE OF ASSESSEE OR AUTHORIZED     NAME OF ASSESSEE OR AUTHORIZED	Note: The following ify (or declare) unde ment, including accon e, correct, and com Diled, or managed by DRIZED AGENT* DAGENT* (typed or printed) BA) (typed or printed)	declaration mu r penalty of per npanying schedo plete and inclu the person name	DECLAR/ ast be comple gury under the ules, statemen des all prope ed as the asse	ATION ted and e laws of ts or other erty req	BY ASSESS d signed. If yo of the State on her attachmeni uired to be ra this statemeni	SEE bu do not do so, it may f California that I have ts, and to the best of my eported which is owne t at 12:01 a.m. on Janua DATE	examined this prope v knowledge and belie d, claimed, possesse ary 1, 20
OWNERSHIP TYPE (I)   I     Proprietorship   I     Partnership   I     Corporation   I     Other   I     SIGNATURE OF ASSESSEE OR AUTHORIZED     NAME OF ASSESSEE OR AUTHORIZED     NAME OF LEGAL ENTITY (other than D)	Note: The following ify (or declare) unde ment, including accon e, correct, and com Diled, or managed by DRIZED AGENT* DAGENT* (typed or printed) BA) (typed or printed)	declaration mu r penalty of per npanying schedo plete and inclu the person name	DECLAR/ ast be comple gury under the ules, statemen des all prope ed as the asse	ATION ted and e laws of ts or otherty req essee in	BY ASSESS d signed. If yo of the State on her attachmeni uired to be ra this statemeni	SEE bu do not do so, it may f California that I have ts, and to the best of my eported which is owned that 12:01 a.m. on Janua DATE TITLE FEDERAL EMPLOYER ID NUM	examined this proper v knowledge and believ d, claimed, possesse ary 1, 20

# 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 bady 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 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.

