RELETION THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.         INVERTIGATION OF THE PROPERTY (street, city)         INVERTIGATION OF Street ProPERTY         INVERTIGATION OF THE PROPERTY (street,	BOE-571-R (P1) REV. 23 (05-20) APARTMENT HOUSE PI STATEMENT FOR 2021 (Declaration of costs and other r	PARTMENT HOUSE PROPERTY TATEMENT FOR 2021 eclaration of costs and other related operty information as of 12:01 A.M.,		NONTERED CPLIN 00-1850 - 1				Xochitl Marina Camacho Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us		
(Adde necessary corrections to the priviled name and making address.)      (Children necessary corrections to the priviled name and making address.)      (Children necessary corrections to the priviled name and making address.)      (Children necessary corrections to the priviled name and making address.)      (Children necessary corrections to the priviled name and making address.)      (Children necessary corrections to the priviled name and making address.)      (Children necessary corrections to the priviled name and making address.)      (Children necessary corrections to the priviled name and making address.)      (Children necessary corrections to the priviled name and name and name and name and the priviled name and priviled name and the priviled			OT BE ACCEP	TED.						
(#e a separate statement for each location)     (#e a separate statement			e and mailing add	dress)			1.00			reet city)
L     Do you live in one of the units?     Yes No If yes, let before     Norme     Note			y and maining add				-			
L     Do you live in one of the units?     Yes No If yes, let before     Norme     Note										
L     Do you live in one of the units?     Yes No If yes, let before     Norme     Note										
							2. E	Enter the tot	al number of units for	the location listed.
Local Telephone Number       Fax Number         Enail Address       Fax Number         Enail Address       S. During previot of January 1, 2020 through December 31, 2020.         STREET       CITY         STREET       C										
							∃ .			
Enter location of general ledger and all related accounting records (include 2p code):  STRET  OT  STRET  STRET  OT  STRET  STRET  OT  STRET  STRET STRET  STRET  STRET  STRET  STRET  STRET STRET STRET  STRET  STRET STRET STRET  STRET ST	•		Fax Numbe	er			_			
STREET       CITY       STME       Zith       City       STME       StME       StME       City		all related accounting	records (include	zin code):						
Enter name and telephone number of authorized person to contact at location of accounting records:       interest" (see instructions for definition) in this business entity.         CAREPULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.       Yes       No         1. If you no fonger own this property as of January 1 of this year, show the name and mailing address of the normatic of definition) in California at the time of acquisition?       Yes       No         Name       Mailing Address       Zip Code       (3) If YES is too durate at Owners of Legal Entities, to the State Board of Equalization. Statement of Charge in Control and Owners of Legal Entities, to the State Board of Equalization. Statement of Charge in Control and Owners of Legal Entities, to the State Board of Equalization. Statements.       (3) If YES is too durate and Owners of Legal Entities, to the State Board of Equalization. Statement of Charge in Control and Owners of Legal Entities, to the State Board of Equalization. Statement of Such PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY       ASSESSOR'S USE ONLY         Statement of fully furnished, partly furnished (e.g., stoves and refigerators, not built-in), and unfurnished units. Also complete Schedule A. Bo not Include, either here or in Schedule A, any unit mixely you live.       State Adverse       ASSEESOR'S USE ONLY         Vis NUME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION       ASSEESOR'S USE ONLY       ASSEESOR'S USE ONLY         NAM				. ,	STATE	ZIP	_ (			
Enter name and telephone number of authorized person to contact at location of accounting records:           Yes         No           CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.         (2) If YES, (2) dthis business entity also own "real property" (2) If YES, (2) dthis business entity also own "real property" (2) If YES, (2) dthis business entity also own "real property" (2) If YES, (2) to both questions (1) and (2), filer must submit fit BOE-100-8, Statement of Change in Cantrol and Owners, City and State           2.         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 premises?           Yes         No           NAME AND ADDRESS OF OWNER OF SUCH PROPERTY         NATURE OF THE BUSINESS OR PROPERTY         ASSESSOR'S USE ONLY           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?         Yes         No           Yes         No         SUE ROM         STUDIO         1 BEDRM.         2 BEDRM.         ASSESSOR'S USE ONLY           AMME AND ADDRESS OF OWNER OF SUCH PROPERTY         QUANTITY AND DESCRIPTION         ASSESSOR'S USE ONLY         ASSESSOR'S USE ONLY           0         ENTER BELOW the number of fully 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, an								interest"		
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 owner.       instructions for definition) in California at the time of acquisition?         Name       Mailing Address       City and State       City and State       City and State       Control and Owners of Legal Entities, to the State Board of Equalization. State B	Enter name and telephone number of	of authorized person to	contact at locati	on of accounting re	ecords:		_	-	No	
Schedule A. Do not include, either here or in Schedule A, any unit in which you live.       3 BEDRM.       1 BEDRM.       2 BEDRM.       LARGER         FULLY FURNISHED       I       I       I       I       I       I         PARTLY FURNISHED       I       I       I       I       I       I         UNFURNISHED       I       I       I       I       I       I       I         TOTALS       I       I       I       I       I       I       I       I         7. Supplies       Cost       I<	Name         Mailing Address         City and State         4. Do any other individuals, partripremises?         Yes         NAME AND ADDRESS OF         5. Do you hold furniture or equip         Yes       No         If yes,	nerships or corporation If <b>yes</b> , list below. <b>OWNER OF SUCH P</b> OWNER OF SUCH P Doment belonging to oth list below.	_ Zip Code own personal property (other than househ				BOE-100-B, Statement of Change in Control and of Legal Entities, to the State Board of Equali instructions for filing requirements.         Dold furniture and personal effects of your tenants) located         NESS OR PROPERTY         ASSESSO         USE ON		nge in Control and Ownership e Board of Equalization. See ents. ur tenants) located on your ASSESSOR'S	
SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       I <th></th> <th></th> <th></th> <th></th> <th>erators,</th> <th>not built-in), a</th> <th>and unfu</th> <th>urnished uni</th> <th>ts. Also complete</th> <th></th>					erators,	not built-in), a	and unfu	urnished uni	ts. Also complete	
FULLY FURNISHED         Image: Constraint of the second secon	Schedule A. <b>Do not</b> include, o	either here or in Schec	lule A, any unit in	which you live.						
PARTLY FURNISHED       Image: Constant of the second		SLP. ROOM	STUDIO	1 BEDRM.	:	2 BEDRM.	3	BEDRM.	LARGER	
UNFURNISHED         Image: Second										
TOTALS         Image: Cost         Cost           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										
7. Supplies     Cost       8. Furniture and appliances     Enter From Schedule A       9. Other furniture and equipment     Enter From Schedule B       10.     Image: Cost of the state										
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							Cast			
9. Other furniture and equipment     Enter From Schedule B       10.     TOTAL FULL VALUE       PERSONAL PROPERTY     PERSONAL PROPERTY       FIXTURES     OTHER IMPROVEMENTS						ator From Cok				
10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS										
TOTAL FULL VALUE       PERSONAL PROPERTY       FIXTURES       OTHER IMPROVEMENTS					Er	iter From Sch	iedule B			
PERSONAL PROPERTY       FIXTURES       OTHER IMPROVEMENTS	10.									
PERSONAL PROPERTY       FIXTURES       OTHER IMPROVEMENTS								TOTAL FL		
FIXTURES       OTHER IMPROVEMENTS										
OTHER IMPROVEMENTS										
								LAND		



### EF-571-R-R23-0520-27000369-2

#### BOE-571-R (P2) REV. 23 (05-20)

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 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	Original Installed Cost	FOR ASSESSO	FOR ASSESSOR'S USE ONLY		Original Installed Cost	FOR ASSESSOR'S USE ONLY		
Acquisition	(NOT depreciated book value)	Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value	
2020				2020				
2019				2019				
2018				2018				
2017				2017				
2016				2016				
2015				2015				
2014				2014				
2013				2013				
2012				2012				
2011				2011				
2010 & prior				2010 & prior				
TOTAL COST Enter on line 8,				TOTAL COS Enter on line	T \$ 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, 2021.

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