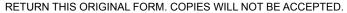
EF-571-R-R25-0522-27000192-1

BOE-571-R (P1) REV. 25 (05-22)

APARTMENT HOUSE PROPERTY STATEMENT FOR 2023

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2023)



FILE RETURN BY APRIL 1, 2023

(Make necessary corrections to the printed name and mailing address.) NAME AND MAILING ADDRESS



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

Enter name and telephone number of authorized person to contact at location of accounting records: Enter name and telephone number of authorized person to contact at location of accounting records: Enter name and telephone number of authorized person to contact at location of accounting records: CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. (2) If YES, did this business entity also own 'real property' covered to covere the covered of the local person of the State Board of Equalization. Instructions for filing requirements. City and State							F THE PROPERTY (se statement for each	• • • • • • • • • • • • • • • • • • • •		
Local Telephone Number	L				Ц	2. Enter the to	Do you live	in one of the units?		
Enal Address	Local Telephone Number		Fax Number	r						
Enter location of general ledger and all related accounting records (include zip code): TREET CITY STATE ZIP (1) Did any individual or legal entity (corporation, pathors inhibited liability company, etc.) acquire a 'controlling interest' (see instructions for definition) in this business entity. 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: Name Mailing Address City and State 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 premiser? NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NATURE OF THE BUSINESS OR PROPERTY Schedule A. Do not include, either here or in Schedule A, any until in which you live. SLP. ROOM STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED DARRILY FURNISHED A. SUPPLIANCE ON STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED A. SUPPLIANCE ON STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED A. SUPPLIANCE ON STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED DARRILY FURNISHED A. SUPPLIANCE ON STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED DARRILY FURNI	•									
Enter name and telephone number of authorized person to contact at location of accounting records: Enter name and telephone number of authorized person to contact at location of accounting records: Enter name and telephone number of authorized person to contact at location of accounting records: CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. (2) If YES, did this business entity also own 'real property' covered to covere the covered of the local person of the State Board of Equalization. Instructions for filing requirements. City and State	Enter location of general ledger and a	all related accounting	records (include z	ip code):			period of buildary 1, 2	1022 tillough December 01,		
Enter name and telephone number of authorized person to contact at location of accounting records: CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.	STREET		CITY		STATE ZIP	limited				
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. Name	Enter name and telephone number of	f authorized person to	o contact at locatio	n of accounting r	records:	entity? □ Yes	□ No	,		
Name	If you no longer own this proper				ailing address of the ne	instruct w acquisi	ions for definition) ir tion?			
Mailing Address								and (2) filer must submit form		
City and State						BOE-1	00-B, Statement of Ch	ange in Control and Ownership		
City and State	Mailing Address					of Legal Entities, to the State Board of Equalization. See				
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? 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. SLP. ROOM STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER FULLY FURNISHED UNFURNISHED UNFURNISHED TOTALS 7. Supplies Cost Enter From Schedule A 9. Other furniture and appliances Enter From Schedule A 10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS						_				
ASSESSOR'S USE ONLY 5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? Yes No If yes, list below.	Do any other individuals, partner premises? ☐ Yes ☐ No I	erships or corporation If yes , list below.	is do business or o	wn personal prop	perty (other than house	hold furniture and	personal effects of yo	our tenants) located on your		
5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? Yes	NAME AND ADDRESS OF O	WNER OF SUCH P	ROPERTY		NATURE OF THE BUS	SINESS OR PRO	PERTY			
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. SLP. ROOM			ers on a loan, rent	tal, or lease basis	s?					
Schedule A. Do not include, either here or in Schedule A, any unit in which you live. SLP. ROOM			ROPERTY		QUANTITY AN	D DESCRIPTION				
Schedule A. Do not include, either here or in Schedule A, any unit in which you live. SLP. ROOM										
FULLY FURNISHED PARTLY FURNISHED UNFURNISHED TOTALS 7. Supplies Cost 8. Furniture and appliances 9. Other furniture and equipment Enter From Schedule A 9. Other furniture and equipment TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS					gerators, not built-in), a	nd unfurnished u	nits. Also complete			
PARTLY FURNISHED UNFURNISHED TOTALS 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		SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BEDRM.	LARGER			
UNFURNISHED TOTALS 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	FULLY FURNISHED									
TOTALS 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. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS										
8. Furniture and appliances 9. Other furniture and equipment Enter From Schedule B 10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS										
9. Other furniture and equipment Enter From Schedule B TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	7. Supplies					Cost				
10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	Furniture and appliances				Enter From Sche	edule A				
TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	Other furniture and equipment				Enter From Sche	edule B				
PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS										
FIXTURES OTHER IMPROVEMENTS						TOTAL	FULL VALUE			
OTHER IMPROVEMENTS						PERSO	NAL PROPERTY			
						FIXTUR	ES			
						OTHER	IMPROVEMENTS			
LAND						LAND				

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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

Year of		FOR ASSESSOR'S USE ONLY		Year of		FOR ASSESSO	R'S USE ONLY
Acquisition	Original Installed Cost (NOT depreciated book value)	Factor	Value	Acquisition	Original Installed Cost (NOT depreciated book value)	Factor	Value
2022				2022			
2021				2021			
2020				2020			
2019				2019			
2018				2018			
2017				2017			
2016				2016			
2015				2015			
2014				2014			
2013				2013			
2012 & prior				2012 & prior			
	OTAL COST \$ Enter on line 8, page 1.		TOTAL COST	•			
REMARKS:							
		ם	ECLARATIO	N BY ASSE	SSEE		

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, 2023.

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.

