EF-577-R06-0516-30000834-1 BOE-577 (P1) REV. 06 (05-16)

FILE RETURN BY: \_\_\_

# **AIRCRAFT PROPERTY STATEMENT**

Declaration of costs and other related n



**Claude Parrish Orange County Assessor** 

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or P.O. Box 1949 Santa Ana, CA 92702-1949 (714) 834-2772 www.ocassessor.gov

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

PLEASE NOTE: This form must be filed timely with the

Assessor's office, regare Historical Aircraft Exemp if not filed.										
NAME AND MAILING ADDRESS  (Make necessary corrections to the printed name and mailing address)					7	FOR ASSESSOR'S USE ONLY				
L SECTION I: MUST BE COMPI	ETED ANNI	IALLY								
FAA REGISTRATION NUMBER  N			HONE NUMBE	R AIRCR	AFT LOCATION (AII	RPORT, HANGAR C	R TIE-DOWN	I NUMBER)		
MANUFACTURER	-		MODEL	-				`	YEAR BUILT	
SERIAL NUMBER			PURCHA	ASE DATE	PURCHASE PRIC	E	DATE MOVE	ED TO THIS CO	DUNTY	
FOR AIRCRAFT PREVIOUSLY RE	GISTERED OF	RASSESSE	O IN ANOTHE	R CALIFORN	A COUNTY, INDICA	TE COUNTY NAME	AND ASSES	SMENT YEAR	S	
FIXED BASE OPERATOR NAME				LAST MAJOI	R AIRFRAME OVER	HAUL DATE:	COST:			
AIRCRAFT CONDITION: WHEN PURCHASED NEV CURRENT NEV		=	VERAGE [	POOR POOR	DAMAGE HISTO	DRY NO <i>IF</i> YES, <i>SEE IN</i>	STRUCTION	S AND ATTACH	H STATEMENT.	
INTERIOR NEV		- =	VERAGE [ VERAGE [	POOR POOR		ASED, EXCHANG NO <i>IF</i> YES, <i>SEE IN</i>	•			
TYPE OF USAGE:  PERSONAL/PLEASURE  F YOU CHECKED CHART	LIGHT TRAINII ER/TAXI, DO Y			RTER/TAXI		FRACTIONAL OWN		OGRAM SH	HOW/MUSEUM	
					ERRY FLIGHTS OR S. DO NOT REPOR			RY AVIONICS.		
115117	FOR CONDITION, PI			ASSESSOR	NEW, (A) AVERAGE, (P) POOR.  ACQUISITION		ON COST CONDITIO		ASSESSOR	
RVSM	DATE	NEW	CONDITION	USE ONLY	RADAR ALTIMETER	DATE	NEW	CONDITION	USE ONLY	
REDUCED VERTICAL SEPARATION MINIMUM MONITOR										
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODER					
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAGNETIC INDICATOR	3				
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VLF VERY LOW FREQUENCY					
NAVCOM #1					PHONE					
NAVCOM #2					RADAR					
TRANSPONDER A C					LORAN					
GLIDESLOPE					ADF AUTOMATIC DIRECTION FIND	ER				
LOCALIZER					DME DISTANCE MEASURING EQUI	PMENT				
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-FACTO AVIONICS	DRY				

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



EF-577-R06-0516-30000834-2

BOE-577 (P2) REV. 06 (05-16)) SECTION 1: (continued)

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

ENGINE(S) SINGLE LEFT RIGHT  WAS MODEL  WAS MODEL  WAS ANALYSCURE  WAS THANK BOTOR MANDER MAN	AIRFRAME HOURS:		1							
MODIE   MASS NECE NEW   MASS STATE   ZIP CODE   COUNTY		SINGLE	LEFT	RIGHT		FOR HELIC	COPTERS - HOURS SINC	E MAJOR OVERHAUL:		
MAST   TRANSMISSION   TAIL ROTOR   TAIL RO	MAKE					ENGINE				
TRANSMISSION DRIVENHAT HOURS SINCE MEW HOURS SINCE MEMORY HOURS SINC	MODEL					MAST				
HOURS SINCE NEW HOURS SINCE MADE AND ADDRESS AND SERVICE PROGRAM: SERVOR MISCELLARGOUS HOURS SINCE MADE AND ADDRESS AND ADDRES	YEAR OF MANUFACTURE					WAGT	-			
HOURS SINCE NEW HOURS OVERHAUL (S (180)  HOURS SINCE MIDLE   SERVICE PROGRAM:   YES   NO    NAME OF PROGRAM.   SERVICE PROGRAM:   YES   NO    NAME OF RESSESSES OR AUTHORIZED ABOND IN THE FALLS CALENDAR YEAR    NAME OF RESSESSES OR AUTHORIZED ABOND IN THIS COUNTY   STATE   ZIP CODE   COUNTY    NAME OF RESSESSES OR AUTHORIZED ABOND IN THIS COUNTY   STATE   ZIP CODE   COUNTY    NOVERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    DOWNERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    NOVERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    DOWNERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    DOWNERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    DOWNERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    DOWNERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    DOWNERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    DOWNERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    DOWNERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    DOWNERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    DOWNERSHIP TYPE (20)   NOVERSHIP TYPE IS LIC., PLEASE ATTACH ALIST OF MEMBERS NAMES.    DOWNERSHIP TYP	HORSEPOWER									
HOURS SINCE MAJOR OVERHAUL  TIME RETIVERS OPERHAULS (TIO)  INDURS SINCE MIDLE  DATE OF ANDRO GERROUGHAUL  ENGINE MAJOR OVERHAUL  ENGINE MAJOR OVER VERNE  ENGINE MAJOR OVER OVERHAUL  ENGINE MAJOR OVER OVERHAUL  ENGINE MAJOR OVER OVERHAUL  ENGINE MAJOR OVER OVER OVER OVER OVER OVER OVER OV	HOURS SINCE NEW							BENDEO		
DATE OF MAJOR OVERHAUL  DATE OF MAJOR OF GAR OVERHAUL  ENGINE MAJOR OVER OVER OVER OVER OVER OVER OVER OV	HOURS SINCE MAJOR OVERHAUL									
DATE OF MAJOR OVERHAUL  DATE OF LANDING GEAR OVERHAUL  DATE OF LANDING GEAR OVERHAUL  DATE OF LANDING GEAR OVERHAUL  SECTION IT. COMPLETE IF FRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER  ADDRESS  CITY  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  FOOD OR DONATED:  DATE OF SALE  STATE ZIP CODE  COUNTY  FR. MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  ADDRESS  CITY  STATE ZIP CODE  COUNTY  EXPLANATION  ARRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  CITY  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 (2)  PROPHERSHIP TYPE (2)  PROPHERSHIP TYPE (2)  PROPHERSHIP TYPE (3)  PROPHERSHIP TYPE (3)  PROPHERSHIP TYPE (3)  PROPHERSHIP TYPE (3)  PROPHERSHIP INFORMATION DESCRIPED UNDER PROPHER OF MAJOR OF PROPHER OF PROPHERS OF HEAD STATE WOULD ASSIST US IN VALUING YOUR AIRCRAFT.  IF OWNERSHIP TYPE (3)  PROPHERSHIP	TIME BETWEEN OVERHAULS (TBO	0)								
DATE OF LANDING GEAR OVERHAUL  ENGINE MAINTENANCE SERVICE PROGRAM: YES NO  ENROLLMENT DATE:  ENGILMENT DATE:  ENGREMENT AND RESPERIMENTAL AIRCRAFT. ENTER EXACT DATE OF FIRST FLIGHT:  SECTION IL COMPLETE IF FIRST TIME FILLION OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  MAME AND ADDRESS OF OWNER IT DIFFERENT FROM FAA REGISTERED OWNER.  ADDRESS  CITY STATE   ZIP CODE COUNTY  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  FOUND ON DONATED:  DATE OF SALE SALE PRICE  NEW OWNER NAME  ADDRESS  CITY STATE   ZIP CODE COUNTY  FIF. MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  COUNTY  EXPLANATION  AIRCRAFT 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 ILL, PLEASE ATTACH A LIST OF MEMBERS NAME.  ONNE SHIP TYPE (S)   FOUNDING BEGINNERS IN THIS COUNTY WHEN IN THE COUNTY OF THE STATE OF THE PROPINGENSHIP TYPE (S)   FOUNDING BEGINNERS IN THIS COUNTY WHEN IN THE COUNTY OF THE STATE MENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (S)   POPINGENSHIP TYPE (S)   POPING	HOURS SINCE MIDLIFE									
ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM:  CONTROL FOR PROGRAM:  CONTROL FOR PROGRAM:  CONTROL 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  FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  FAILE PRICE  SALE	DATE OF MAJOR OVERHAUL									
NAME OF PROGRAM:  OR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLICHT:  SECTION II: COMPLETE IF PRIST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME AND ADDRESS  DITY  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  DATE DESTROYED ABANDONED  COUNTY  F. MOVED JUNKED PARTED DESTROYED ABANDONED  COUNTY  F. MOVED JUNKED PARTED DESTROYED ABANDONED  COUNTY  PREPARE NORMALLY 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	DATE OF LANDING GEAR OVERHAL	UL								
NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER    ADDRESS	NAME OF PROGRAM:				F FIF		DATE:			
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SALE PRICE SALE WOWNER 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  CITY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:  CITY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:  CITY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:  CITY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO:  CITY  OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE (SI)  Proprietorship Or Power of the following declaration must be completed and signed. If you do not do so, it may result in penalties.  J certify (or declare) under penalty of perjuny under the laws of the State of California that I have examined this propert 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, possessed of the 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* (hyped or printed)  TITLE  NAME OF LEGAL ENTITY (other then DBA) (typed or printed)  TITLE  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  THE PROVE NUMBER  THE PROVE NU	F AIRCRAFT WAS SOLD. ATTA	CH A COMPLETE COPY (	OF THE SAL	ES CONTRACT						
ADDRESS  STATE ZIP CODE COUNTY  STATE ZIP CODE COUNTY  F: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED) COUNTY  STATE ZIP CODE COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  STATE ZIP CODE COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE INTRANSIT 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 (SI)  Proprietorship Corporation of the 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, possessed other 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*  (())  TITLE  PREPARER'S NAME AND ADDRESS (typed or printed)  TITLE  TELEPHONE NUMBER  TITLE  TOWNTY  TITLE  TITLE  TITLE  TOWNTY  TITLE  TITLE  TITLE  TITLE  TITLE  TOWNTY  TITLE  TITLE  TITLE  TITLE  TOWNTY  TITLE  TITLE  TITLE  TOWNTY  TITLE  TOWNTY  TITLE  TITLE  TOWNTY  TITLE  TOWNTY  TITLE  TOWNTY  TOW	<u> </u>		0/1_	1						
F: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORTIFBO WHERE NORMALLY KEPT  CITY  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  HANGAR/TIE-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 IS LIC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (2)  Proprietorship Cectary (or declare) under penalty of perjuny under the laws of the State of California that I have examined this propent statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief is true, cornect, and complete and includes all property required to be reported which is owned, claimed, possessed in this statement at 12:01 a.m. on January 1, 20  NAME OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT*  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TILLE  TILLE  TILLE  TELEPHONE NUMBER  TILLE  TILLE  TILLE  TELEPHONE NUMBER  TILLE  TILLE  TILLE  TELEPHONE NUMBER  TILLE  TILLE  TELEPHONE NUMBER  TILLE		\$								
PREPARER'S NAME AND ADDRESS (typed or printed)  COUNTY  COUNTY	NEW OWNER NAME			ADDRESS						
DATE  NEW LOCATION (IF MOVED)  COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRCRAFT 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.  COWNERSHIP 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 propert 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, possessed other 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*  DATE  PREPARER'S NAME AND ADDRESS (typed or printed)  TILLE  TELEPHONE NUMBER  TILLE  TILLE  TELEPHONE NUMBER  TILLE  TILLE  TELEPHONE NUMBER  TILLE  TILLE  TELEPHONE NUMBER  TILLE	CITY				STAT	E ZIP CODE	COUNTY			
DATE NEW LOCATION (IF MOVED)  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) Proprietorship 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 propert 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, possessed 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*  DATE  PREPARER'S NAME AND ADDRESS (typed or printed)  TITLE  TELEPHONE NUMBER  TITLE  TELEPHONE NUMBER  TITLE	F: MOVED JUNKED	PARTED DESTR	OYED .	ABANDONED						
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\*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-R06-0516-30000834