EF-577-R03-0810-33000638-1 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



# Larry W. Ward Assessor-County Clerk-Recorder

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

information as of 12:01 a.m., January 1, 20	
FII F RETURN BY:	

PLEASE NOTE: This form must be filed timely with the Assessor's office, regardless of the status of the Historical Aircraft Exemption Claim. Penalties will apply if not filed. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) FOR ASSESSOR'S USE ONLY **SECTION I: MUST BE COMPLETED ANNUALLY** DAYTIME PHONE NUMBER AIRCRAFT LOCATION (AIRPORT, HANGAR OR TIE-DOWN NUMBER) FAA REGISTRATION NUMBER Ν MANUFACTURER MODEL YEAR BUILT SERIAL NUMBER **PURCHASE DATE PURCHASE PRICE** DATE MOVED TO THIS COUNTY \$ FOR AIRCRAFT PREVIOUSLY REGISTERED OR ASSESSED IN ANOTHER CALIFORNIA COUNTY, INDICATE COUNTY NAME AND ASSESSMENT YEARS FIXED BASE OPERATOR NAME COST: LAST MAJOR AIRFRAME OVERHAUL DATE: \$ **AIRCRAFT CONDITION:** DAMAGE HISTORY WHEN PURCHASED NEW POOR GOOD **AVERAGE** YES NO IF YES, SEE INSTRUCTIONS AND ATTACH STATEMENT. NFW **POOR CURRENT** GOOD **AVERAGE** EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED **INTERIOR** NEW GOOD **AVERAGE POOR** YES NO IF YES, SEE INSTRUCTIONS AND ATTACH SCHEDULE. **EXTERIOR** NEW GOOD **AVERAGE POOR** TYPE OF USAGE: PERSONAL/PLEASURE 💹 FLIGHT TRAINING 💹 RENTAL 🔛 CHARTER/TAXI 🔛 BUSINESS 🔛 FRACTIONAL OWNERSHIP PROGRAM 🔛 SHOW/MUSEUM IF YOU CHECKED CHARTER/TAXI, DO YOU USE THE AIRCRAFT IN COMMON CARRIAGE MORE THAN 50% OF THE TIME? YES NO NOTE: COMMON CARRIAGE DOES NOT INCLUDE FERRY FLIGHTS OR PART 91 OWNER FLIGHTS AVIONICS SUMMARY: REPORT ONLY ADDED OR REPLACED AVIONICS. DO NOT REPORT ORIGINAL STANDARD FACTORY AVIONICS. FOR CONDITION, PLEASE ENTER (N) NEW, (A) AVERAGE, (P) POOR. ASSESSOR **ACQUISITION** COST ACQUISITION COST ASSESSOR CONDITION UNIT CONDITION UNIT **USE ONLY** DATE NEW **USE ONLY** DATE NEW RADAR ALTIMETER REDUCED VERTICAL SEPARATION MINIMUM MONITOR TAWS TERRAIN AWARENESS WARNING SYSTEM **ENCODER** EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM RMI RADIO MAGNETIC INDICATOR TCAS
TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM VERY LOW FREQUENCY NAVCOM #1 PHONE NAVCOM #2 **RADAR** LORAN TRANSPONDER С GLIDESLOPE ADF AUTOMATIC DIRECTION FINDER DME DISTANCE MEASURING EQUIPMENT LOCALIZER COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATO AIR CONDITIONING **AUTOPILOT** BOOTS NUMBER OF AXES FLIGHT DIRECTOR HF TRANSCEIVERS

THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGNED

OTHER NON-FACTORY

**AVIONICS** 

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



**GPS IFR** 

FLIGHT RULES

SITIONING SYSTEM, INSTRUMENT

ΤΩΤΔΙ	AIRFRAME HOURS AS OF JANUARY 1:	

ENGINE(S)  SINGLE  LEFT  RIGHT  MAKE  MAKE  MODEL  YEAR OF MANUFACTURE  HORSEPOWER  HORSEPOWER  HOURS SINCE NEW  HOURS SINCE NEW  HOURS SINCE NEW  HOURS SINCE MAJOR OVERHAUL*  TIME BETWEEN OVERHAULS (TBD)*  AS OF JANUARY 1.  ENGINE MANUFACTURE  FOR HOURD SINCE PROGRAM:  YES NO  NAME OF PROGRAM:  FOR HOMEBULT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT:  SECTION II. COMPLETE IF FIRST TIME FLUING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME AND ADDRESS OF OWNER IF DIFFERNT FROM FAA REGISTERED OWNER  NAME  CITY  STATE ZIP CODE  COUNTY  IF SOLD OR DONATED:  DATE OF SALE  SALE PRICE  SALE PRICE  SALE PRICE  NEW OWNER NAME  CITY  STATE ZIP CODE  COUNTY  FOR HOMEBULT BASED IN THIS COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  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 IS OR WAS RIN THYSE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  DECLARATION BY ASSESSEE  MOVER THE FORMER OF THE PROPER OF THE SALE IN TRANSIT TO:  IF OWNERSHIP TYPE (IZ)  MOVER THE FORMER ON BY ASSESSEE  MOVER THE FORMER ON BY ASSESSEE  MOVER SHIP TYPE (IZ)  MOVER THE FORMER ON BY ASSESSEE  MOVER SHIP TYPE (IZ)  MOVER THE FORMER ON BY ASSESSEE  MOVER THE F								OF JANUART I	AME HOURS AS	I O I AL AIRFRAIN
MODEL VEAR OF MANUFACTURE  HORSEPOWER HOURS SINCE NEW HOURS SINCE MAJOR OVERHAUL* TIME BETWEEN OVERHAULS (TEO)  NAME OF PROGRAM:  FOR HOMEBUILT, NIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT:  SECTION 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  CITY  IF SOLD OR DONATED:  DATE OF SALE  SALE PRICE  STATE ZIP CODE  COUNTY  STATE ZIP CODE  COUNTY  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT-FBO WHERE NORMALLY KEPT  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:  REPAIRS OF JANUARY 1.  BLADES HARADASS  MAST TRANSMISSION DRIVEN TRANSMISSION DRIVEN TALL ROTOR TALL ROTOR TRANSMISSION DRIVEN TALL ROTOR TALL		RS - HOURS SINCE MAJO	ELICOPTE	FOR HEI		RIGHT	LEFT	SINGLE	INE(S)	ENGINE
MAST TRANSMISSION DRIVES MAST TRANSMISSION DRIVES MAST TRANSMISSION DRIVES MAST HOURS SINCE MEW HOURS SINCE MEW HOURS SINCE MEW HOURS SINCE MEW HOURS SINCE MAJOR OVERHALLS (TRO)*  ENGINE MAINTENANCE SERVICE PROGRAM:	7.002.11.02.1			ENGINE						MAKE
HORSEPOWER HOURS SINCE NEW HOURS SINCE MAJOR OVERHAUL: HOURS SINCE MAJOR OVERHAUL: HOURS SINCE MAJOR OVERHAUL: HOURS SINCE MAJOR OVERHAUL: HOWER SINCE MAJOR OVERHAUL: ENGINE MAINTENANCE SERVICE PROGRAM: POR HOMBEDUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION 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 DWWER NAME  CITY STATE ZIP CODE COUNTY  IF SOLD OR DONATED: NEW OWNER NAME ADDRESS CITY STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED DATE NEW LOCATION (IF MOVED) EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT CITY STATE ZIP CODE 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 PUT PEEL WOULD A SSIST US IN VALUING YOUR AIRCRIF IS OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  DECLARATION BY ASSESSEE	ROTOR			MAST						MODEL
HOURS SINCE NEW HOURS SINCE MAJOR OVERHAUL*  HOURS SINCE MAJOR OVERHAULS (TBO)*  **AS OF JANUARY 1.  **AS OF JANUARY 1.  **AS OF JANUARY 1.  **BETWEEN OVERHAULS (TBO)*  **AS OF JANUARY 1.  **AS OF JANUARY 1.  **BERGINE MAJOR OVERHAULS (TBO)*  **AS OF JANUARY 1.  **BERGINE MAJOR OVERHAULS (TBO)*  **AS OF JANUARY 1.  **AS OF JANUARY 1.  **BROOK MISCELLANEOUS  **BROOK MISCELLANEOUS  **AS OF JANUARY 1.  **BROOK MISCELLANEOUS  **BROOK MISCELLANEOUS  **AS OF JANUARY 1.  **BROOK MISCELLANEOUS  **BROOK MISCELLANEOUS  **BROOK MISCELLANEOUS  **AS OF JANUARY 1.  **BROOK MISCELLANEOUS  **BRO	SHAFT	RANSMISSION DRI	TI		_				ACTURE	YEAR OF MANUFAC
HOURS SINCE MAJOR OVERHAUL*  TIME BETWEEN OVERHAULS (TBO)*  *AS OF JANUARY 1.  ENGINE MAINTENANCE SERVICE PROGRAM: YES NO  NAME OF PROGRAM: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT:  SECTION 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  IF SOLD OR DONATED: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT:  SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME AND ADDRESS  CITY STATE ZIP CODE COUNTY  IF SOLD OR DONATED: FOR OWNER NAME ADDRESS  CITY STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW OWNER NAME ADDRESS  COUNTY  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  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 IS OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  DECLARATION BY ASSESSEE										HORSEPOWER
TIME BETWEEN OVERHAULS (TBO)*  IN AS OF JANUARY 1.  ENGINE MAINTENANCE SERVICE PROGRAM: YES NO NAME OF PROGRAM: YES NO ENROLLMENT DATE: ENROLL		SCELLANEOUS	М	SERVOS						
ENGINE MAINTENANCE SERVICE PROGRAM:										
NAME OF PROGRAM: FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: SECTION 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  IF SOLD OR DONATED: SALE PRICE SALE PRICE SALE PRICE SALE PRICE STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED) EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT CITY STATE ZIP CODE COUNTY  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT 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 IS OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (E)  DECLARATION BY ASSESSEE			ARY 1.	AS OF JANUA	*				. , ,	
FOR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT:  SECTION 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  IF SOLD OR DONATED:  DATE OF SALE  SALE PRICE  NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  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 AIRCF IF OWNERSHIP TYPE (ZI)  DECLARATION BY ASSESSEE				NDOLLME	_		YES N	/ICE PROGRAM:		
SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR  NAME AND ADDRESS  CITY STATE ZIP CODE COUNTY  IF SOLD OR DONATED: DATE OF SALE SALE PRICE  NEW OWNER NAME ADDRESS  CITY STATE ZIP CODE COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED) COUNTY  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT HANGAR/TIE-DOWN NO.  CITY STATE ZIP CODE 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 (ZI)  DECLARATION BY ASSESSEE	_	<u> </u>		_		XACT DATE (	ΩRΔET ENTER	PERIMENITAL AIR		
NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER  NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  IF SOLD OR DONATED:  DATE OF SALE  SALE PRICE  SALE PRICE  SALE PRICE  STATE ZIP CODE  COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  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 IS OWNERSHIP TYPE (IZ)  OWNERSHIP TYPE (IZ)  DECLARATION BY ASSESSEE		EAD								
NAME  CITY  STATE ZIP CODE  COUNTY  IF SOLD OR DONATED:  NEW OWNER NAME  ADDRESS  ADDRESS  ADDRESS  CITY  STATE ZIP CODE  COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  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 (IZ)  OWNERSHIP TYPE (IZ)  DECLARATION BY ASSESSEE		EAR	ENDAR Y	AST CALE	THEL					
IF SOLD OR DONATED:    DATE OF SALE										
IF SOLD OR DONATED:    DATE OF SALE										
NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  EXPLANATION  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 IS OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (IZ)  DECLARATION BY ASSESSEE		COUNTY		ZIP CODE	STATE					CITY
NEW OWNER NAME  ADDRESS  CITY  STATE ZIP CODE  COUNTY  IF:MOVEDJUNKEDPARTEDDESTROYEDABANDONED  DATE							SALE PRICE	F SALF	DATE O	
ADDRESS  CITY  STATE ZIP CODE  COUNTY  IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE  NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  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 LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (IZI)  DECLARATION BY ASSESSEE								. 5/122	NATED:	IF SOLD OR DONA
IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  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 AIRCRIF IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (☑)  DECLARATION BY ASSESSEE						DRESS		l	AME	NEW OWNER NAM
IF: MOVED JUNKED PARTED DESTROYED ABANDONED  DATE NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  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 AIRCRIF IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (ID)  DECLARATION BY ASSESSEE		OOLINETY/		710 0005	07475					OUT) (
DATE NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  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 LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (2)  DECLARATION BY ASSESSEE		COUNTY		ZIP CODE	STATE					CITY
DATE NEW LOCATION (IF MOVED)  EXPLANATION  AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  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 LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (Y)  DECLARATION BY ASSESSEE								1		
AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  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 AIRCRIF OWNERSHIP TYPE (ID)  DECLARATION BY ASSESSEE						NDONED	STROYED A			
AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  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 IS OWNERSHIP TYPE (M)  DECLARATION BY ASSESSEE		COUNTY						ON (IF MOVED)	NEW LOCATI	DATE
AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AIRPORT/FBO WHERE NORMALLY KEPT  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 IS OWNERSHIP TYPE (M)  DECLARATION BY ASSESSEE										ΕΧΡΙ ΔΝΙΔΤΙΩΝ
AIRPORT/FBO WHERE NORMALLY KEPT  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 AIRCRIF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (ZI)  DECLARATION BY ASSESSEE										
AIRPORT/FBO WHERE NORMALLY KEPT  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 AIRCRIF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (ZI)  DECLARATION BY ASSESSEE										
AIRPORT/FBO WHERE NORMALLY KEPT  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 AIRCRIF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (ZI)  DECLARATION BY ASSESSEE										
AIRPORT/FBO WHERE NORMALLY KEPT  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 AIRCRIF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (ZI)  DECLARATION BY ASSESSEE							гу	SED IN THIS COLIN	HARITIIAI I Y RAS	AIRCRAFT NOT HA
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 AIRCF IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (Z)  DECLARATION BY ASSESSEE		HANGAR/TIE-DOWN NO.					•			
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 AIRCF IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (Z)  DECLARATION BY ASSESSEE										
OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCR IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (IZI)  DECLARATION BY ASSESSEE		COUNTY		ZIP CODE	STATE					CITY
OTHER:  ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCR IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (IZI)  DECLARATION BY ASSESSEE										
ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCR IF OWNERSHIP TYPE (IZI)  OWNERSHIP TYPE (IZI)  DECLARATION BY ASSESSEE			TO:			FOR SALE	NTY: REPAII	WAS IN THIS COU	I AIRCRAFT IS OR	CHECK REASON A
IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.  OWNERSHIP TYPE (☑) DECLARATION BY ASSESSEE				THER:	0					
OWNERSHIP TYPE (🗵) DECLARATION BY ASSESSEE	RCRAFT.								H STATEMENT R	ATTACH S
		VAIVIES.					IP TYPE IS LLO	IF OWNERSH	VDE (EZ)	OWNEDSHIP TVD
Trotor file felle will good and orginal in you do not do cot it may recall in you	n nenalties	not do so, it may result			_	_	g declaration	lote. The followin		
Partnership I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined the	•	•	•	•		•	•			
Corporation statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge a										,
Other is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed,									is true	Other [
or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE	<u></u>	con a.m. on January 1, 2		ı tnıs statem	essee in	ea as the asse	y tne person n	•	SSESSEE OR AUTHO	SIGNATURE OF ASSE
DATE OF ACCESSEE ON ACTIONIZED ACENT			DATE					NIZED AGENT	OLOGEL ON AOTHO	SIGNATORE OF AGGE
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  TITLE			TITLE				red)	AGENT* (typed or prin	EE OR AUTHORIZED	NAME OF ASSESSEE
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER		L EMPLOYER ID NUMBER	FEDER/							
DEFINACIONALE AND ADDESON (C. 1. 1. 1. 1.								BA) (typed or printed)	NTITY (other than DE	NAME OF LEGAL ENT
TEREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ITITLE				BER	ONE NI IM	TEI EDU/		, , , ,	•	
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ( )			TITLE	BER	ONE NUMI	TELEPHO		, , , ,	•	
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ( )  E-MAIL ADDRESS				BER	ONE NUMI	TELEPHO		, , , ,	•	PREPARER'S NAME A

\* 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 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.

### 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-R03-0810-3300063