RETURN THIS ORIGINAL FORM - COPIES WILL NOT BE ACCEPTED. FLE RETURN 97 PKPL 1, 2022 Made and Machine Laborations Material Address  Local Totyphene Number  Local Totyphene Number  Fax Number Fax Number  Fax Number Fax Number  Fax Number  Fax Number	EF-571-R-R24-0521-5100030 BOE-571-R (P1) REV. 24 (05-21) <b>APARTMENT HOUSE PI</b> <b>STATEMENT FOR 2022</b> (Declaration of costs and other r property information as of 12:01. January 1, 2022)	ROPERTY		SUTT		SUTTER 1190 Civic Yuba City, Phone: (53 www.sutter	SCRIVEN COUNTY AS Center Blvd. CA 95993 0) 822-7160 Fax: county.org/assess essor@co.sutter.	: (530) 822-7198 sor	
FILE RETURN BY APRIL 1, 2022         MINER.MAINER.MAINER MADDIESS         MAINER.MAINER MADDIESS         MAINER.MAINER MADDIESS         Mainer Mainer Manner Manner Marking extenses.         Local Thelphone Number         Teal Teal Teal Teal Teal Control Teal Teal Control Teal Teal Teal Teal Teal Teal Teal Tea	RETURN THIS ORIGINAL FORM	M. COPIES WILL N	NOT BE ACCEP	TED.					
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Local Telephone Number Fax Number   Ender location of general ledger and all related accounting records (include zip code):   STREET ITY   STREET ITY   Enter name and belaphone number of authorized person to contact al location of accounting records:   CAREFULLY READ AND FOLLOW THE ACCOMPANING INSTRUCTOMS.   1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new of the units?   Mailing Address   Cather and state   City and State   City and State   City and State   State Biologic Conceptions for Generation of the sum in a location of accounting records:   Name   Abo Dop Check State Biologic Conceptions of the sum instructions for definition) in California at the time of accounting records:   City and State   City and State   State Biologic Conceptions for Generation of Succeptions for Generation of Conceptions for Succeptions for Generation of Conceptions for filling requirements.   Name And DaDRESS OF OWNER OF SUCH PROPERTY   NAME AND ADDRESS OF OWNER OF SUCH PROPERTY   AME AND ADDRESS OF OWNER OF SUCH PROPERTY   AME AND ADDRESS OF OWNER OF SUCH PROPERTY   AUXING OF No   State Biologic Conception   State Biologic Conception   State Biologic Conception   State Biologic Conception   Name And ADDRESS OF OWNER OF SUCH PROPERTY   AUXING OF No   State Biologic Conception   State Biologic Conception   State Biologic Conception   State Biologic Conception							•	• • •	
Local Telephone Number Fax Number   Ender location of general ledger and all related accounting records (include zip code):   STREET ITY   STREET ITY   Enter name and belaphone number of authorized person to contact al location of accounting records:   CAREFULLY READ AND FOLLOW THE ACCOMPANING INSTRUCTOMS.   1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new of the units?   Mailing Address   Cather and state   City and State   City and State   City and State   State Biologic Conceptions for Generation of the sum in a location of accounting records:   Name   Abo Dop Check State Biologic Conceptions of the sum instructions for definition) in California at the time of accounting records:   City and State   City and State   State Biologic Conceptions for Generation of Succeptions for Generation of Conceptions for Succeptions for Generation of Conceptions for filling requirements.   Name And DaDRESS OF OWNER OF SUCH PROPERTY   NAME AND ADDRESS OF OWNER OF SUCH PROPERTY   AME AND ADDRESS OF OWNER OF SUCH PROPERTY   AME AND ADDRESS OF OWNER OF SUCH PROPERTY   AUXING OF No   State Biologic Conception   State Biologic Conception   State Biologic Conception   State Biologic Conception   Name And ADDRESS OF OWNER OF SUCH PROPERTY   AUXING OF No   State Biologic Conception   State Biologic Conception   State Biologic Conception   State Biologic Conception									
Call Telephone Number     Fax N						2. Enter the tota	al number of units fo	r the location listed.	
Call Telephone Number     Fax N							Do you live i	n one of the units?	
Enal Address						∃ [			
Email Address	•		Fax Numbe	ər					
STREET       CITY       STATE       2IP       (1) Diary individual or legal entity (corporation, gatavation, gatavation				-:		<ul> <li>3. During the period</li> </ul>			
		all related accounting		zip coaej.			individual or legal o	atity (corporation partnership	
Image: State Sta						limited lia interest"	limited liability company, etc.) acquire a "controlling		
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.      If you no longer own this property as of January 1 of this year, show the name and mailing address of the new     ownee:         Name	Enter name and telephone number of	of authorized person t	o contact at location	on of accounting r	records:	,			
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1. In your into projectly as of Jaindary Torkins year, show the hathe and hiteming address of the new owner.       □ 'es □ No         Name	CAREFULLY READ AND FOLLOW	I THE ACCOMPANY	ING INSTRUCTIO	NS.		instructio	ns for definition) in		
Name       BOE-100-B. Statement of Charge in Control and Owners.         Mailing Address       City and State       City and City and City and City and City and C	owner:				-	ew ⊡ Yes	🗆 No		
Mailing Address       of Legal Entities, to the State Board of Equalization. S       instructions for filing requirements.         City and State       Zip Code         4. 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 personales?       Instructions for filing requirements.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?       Suse ONLY       Suse ONLY         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. any unit in which you live.       Suse ONL       Instructions of the function of the store of the store of the schedule A. any unit in which you live.         FULLY FURNISHED       I       I       I       I         IVANFUNSHED       I       I       I       I         IVANFUNSHED       I       I       I       I       I         IVANFUNSHED       I       I       I       I       I         IVANFUNSHED       I       I       I       I       I       I         IVANFUNSHED       I       I       I       I       I       I       I       I	Name								
City and Site       Zip Code         4. 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?       Assessor: Superior Such PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       Assessor: Superior Superior Such PROPERTY       Assessor: Superior Superior Such PROPERTY       Assessor: Superior Sup	Mailing Address					of Legal	Entities, to the Sta	te Board of Equalization. See	
premises?       Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         5.       Do you hold fumiture or equipment belonging to others on a loan, rental, or lease basis?	City and State			_ Zip Code			ns for filing requiren	nents.	
ASSESSOR'S USE ONLY  S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? Yes No fryes, list below.  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.  FULLY FURNISHED  FULLY FURNISHED  INFURMISHED  INFURMI	<ol> <li>Do any other individuals, partr premises? □ Yes □ No</li> </ol>	erships or corporation If <b>yes,</b> list below.	ns do business or $\ell$	own personal prop	perty (other than hous	ehold furniture and p	personal effects of yo	our tenants) located on your	
S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?       USE ONLY         Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         G. ENTER BELOW the number of fully furnished, partily 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.         FULLY FURNISHED       1       ARGER         PARTLY FURNISHED       2       BEDRM.       3 BEDRM.         UNFURNISHED       1       1       1         10.       1       1       1         7. Supplies       Cost       1       1         8. Furniture and appliances       Enter From Schedule A       1         9. Other furniture and equipment       Enter From Schedule B       10.         10.       1       1       1         PARTLY FURNISHED       1       1       1         10.       1       1       1       1         10.       1       1       1       1         10.       1       1       1       1         10.       1       1       1       1         10.       1       1	NAME AND ADDRESS OF	OWNER OF SUCH P	ROPERTY		NATURE OF THE BU	SINESS OR PROP	ERTY		
Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         G.       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.         FULLY FURNISHED       Image: Superiod (e.g., stoves)       3 BEDRM.       LARGER         PARTLY FURNISHED       Image: Superiod (e.g., stoves)       3 BEDRM.       LARGER         UNFURNISHED       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)         7.       Supplies       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)         8.       Furniture and appliances       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)         10.       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)         10.       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)         Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)       Image: Superiod (e.g., stoves)       Image: Superi									
a       a         a       a         b       a         c       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.         FULLY FURNISHED       1         PARTLY FURNISHED       1         UNFURNISHED       1         OUNFURNISHED       1         Cost       1         TOTALS       1         Cost       1         8. Furniture and appliances       Enter From Schedule A         9. Other furniture and equipment       Enter From Schedule B         10.       1         TOTAL FULL VALUE       1         PRESONAL PROPERTY       1         FULLY FIRES       0			hers on a loan, rer	Ital, or lease basis	s?				
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       Image: Colspan="2">Image: Colspan="2"Image: Colspan="2"Image: Colspan="2">Image: Colspan="2"Image: Colspan="2"Image: Colspan="2">Image: Colspan="2"Image: Colspan="2"									



BOE-571-R (P2) REV. 24 (05-21)

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 APPLIANCES (include items in storage; do not include built-ins)			SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, laundry, pool, vending, signs, fire extinguishers)				
Year of Acquisition	Original Installed Cost (NOT depreciated book value)	FOR ASSESSO	FOR ASSESSOR'S USE ONLY		Original Installed Cost	FOR ASSESSOR'S USE ONLY	
		Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value
2021				2021			
2020				2020			
2019				2019			
2018				2018			
2017				2017			
2016				2016			
2015				2015			
2014				2014			
2013				2013			
2012				2012			
2011 & prior				2011 & prior			
TOTAL COST Enter on line 8				TOTAL COS Enter on line			

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, 2022.

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.



BOE-571-R (P3) REV. 24 (05-21)

# 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.

