EF-571-R-R23-0520-53000243-1

BOE-571-R (P1) REV. 23 (05-20)

APARTMENT HOUSE PROPERTY STATEMENT FOR 2021

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2021)



Shanna White County Clerk-Recorder-Assessor

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

P.O. Box 1255

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

LE RETURN BY APRIL 1, 2021												
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)							LOCATION OF THE PROPERTY (street city)					
(maile hosessary corrections to the printed name and mailing address.)						LOCATION OF THE PROPERTY (street, city) (file a separate statement for each location)						
					2. Ent	er the tota	I number of units fo	or the location listed.				
							Do you live in one of the units? Yes No					
ocal Telephone Number Fax Number							If yes, enter the unit number					
Email Address					3. Dur 202		eriod of January 1, 2	2020 through December 31,				
Enter location of general ledger and all related accounting records (include zip code):							(1) Did any individual or legal entity (corporation, partnership,					
TREET CITY STATE ZIP						limited liability company, etc.) acquire a "controlling interest" (see instructions for definition) in this business						
Enter name and telephone number of	f authorized person to	contact at location	on of accounting rec	ords:		entity?						
	- uuozou pooo to	ooaor ar iooano	0. 0.000	0.00.	(2)	Yes If YES di	No d this business enti	ty also own "real property" (see				
CAREFULLY READ AND FOLLOW	THE ACCOMPANYIN	IG INSTRUCTIO	NS.			instruction	ns for definition) in	California at the time of the				
 If you no longer own this proper owner: 	erty as of January 1 o	f this year, show t	he name and mailin	ig address of the nev	W	acquisitio Yes	n? No					
								and (2), filer must submit form				
Mailing Address	Mailing Address							BOE-100-B, Statement of Change in Control and Ownership of Legal Entities, to the State Board of Equalization. See				
City and State							ns for filing requirer					
Do any other individuals, partner premises? Yes No I	erships or corporation If yes, list below.	s do business or c	own personal proper	ty (other than housel	nold furnit	ure and p	ersonal effects of yo	our tenants) located on your				
NAME AND ADDRESS OF O	WNER OF SUCH PR	ROPERTY	NA	TURE OF THE BUS	INESS O	R PROPE	ERTY					
								ASSESSOR'S USE ONLY				
								002 01121				
Do you hold furniture or equipm Yes No If yes, list	ment belonging to othest below.	ers on a loan, ren	tal, or lease basis?									
NAME AND ADDRESS OF O		QUANTITY AND DESCRIPTION										
ENTER BELOW the number o Schedule A. Do not include, ei				ators, not built-in), ar	nd unfurni	shed unit	s. Also complete					
	SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BE	DRM.	LARGER					
FULLY FURNISHED												
PARTLY FURNISHED												
UNFURNISHED												
TOTALS												
7. Supplies					Cost							
8. Furniture and appliances				Enter From Sche	dule A							
9. Other furniture and equipment				Enter From Sche	dule B							
10.												
							TOTAL FULL VALUE					
							PERSONAL PROPERTY					
						IXTURES						
							MPROVEMENTS					
						.AND						

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 APPLIANCES (include items in storage; do not include built-ins)					SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, laund pool, vending, signs, fire extinguishers)						
Year of Acquisition Or	Original Installed Cost	FOR ASSESS	OR'S USE ONLY	Year of Acquisition	Original Installed Con	FOR ASSESSOR'S USE ONLY					
	(NOT depreciated book value)	Factor	Value		Original Installed Cos (NOT depreciated book va		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							
OTAL COST				TOTAL COS	·						
REMARKS:											
			DECLARATIO	N BY ASSI	ESSEE						
	Note: The following dec				If you do not do so, it may	/ result in nenaltie	<u> </u>				
tatements o	er penalty of perjury under the lar other attachments, and to the ch is owned, claimed, possesse	aws of the State e best of my ki	e of California th nowledge and b	at I have exa elief it is tru	amined this property staten ue, correct, and complete	nent, including acco and includes all pro	mpanying schedule				
0WNERSHIP TYPE (☑)	SIGNATURE OF ASSESSE	EE OR AUTHORIZE	D AGENT*		Į.	DATE					
	NAME OF ASSESSEE OR	AUTHORIZED AGE	NT* (typed or printe	d)		TITLE					

TELEPHONE NUMBER

FEDERAL EMPLOYER ID NUMBER

TITLE

*Agent: See page 3 for Declaration by Assessee instructions.

Proprietorship

Partnership

Corporation

Other



NAME OF LEGAL ENTITY (other than DBA) (typed or printed)

PREPARER'S NAME AND ADDRESS (typed or printed)

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.

