## AIRCRAFT PROPERTY STATEMENT

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

NAME AND MAILING ADDRESS

PLEASE NOTE: This form must be filed timely with the Assessor's office, regardless of the status of any Historical Aircraft Exemption Claim. Penalties will apply

(Make necessary corrections to the printed name and mailing address)

FILE RETURN BY: \_\_\_\_

if not filed.

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## Kaenan Whitman Tuolumne County Assessor-Recorder 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

FOR ASSESSOR'S USE ONLY

| L  |               |            |            |                      |   |                                       |           |               |                      |
|--|---------------|------------|------------|----------------------|---|---------------------------------------|-----------|---------------|----------------------|
| SECTION I: MUST BE COMP  |               |            |            |                      |   |                                       |           |               |                      |
| FAA REGISTRATION NUMBER  | [             | DAYTIME PH | IONE NUMBE | R AIRCR              | AFT LOCATION (AIRPO                           | rt, hangar or                         | TIE-DOWN  | I NUMBER)     |                      |
| N  |               | ( )        |            |                      |   |                                       |           |               |                      |
| MANUFACTURER   |               |            | MODEL      |                      |   |                                       |           |               | YEAR BUILT           |
| SERIAL NUMBER  |               |            | PURCHA     | SE DATE              | PURCHASE PRICE                                | [                                     | DATE MOVE | ED TO THIS CO | DUNTY                |
|  |               |            |            |                      | \$  |                                       |           |               |                      |
| FOR AIRCRAFT PREVIOUSLY RE                                       | GISTERED OR   | ASSESSED   | IN ANOTHER | R CALIFORN           | IA COUNTY, INDICATE (                         | COUNTY NAME A                         | ND ASSES  | SMENT YEAR    | S                    |
| FIXED BASE OPERATOR NAME   |               |            |            | LAST MAJO            | R AIRFRAME OVERHAU                            |                                       | COST:     |               |                      |
|  |               |            |            |                      |   | ç                                     | \$        |               |                      |
|  |               |            |            |                      |   |                                       |           |               |                      |
| WHEN PURCHASED   |               |            | /ERAGE     | POOR                 |   |                                       | TRUCTION  |               |                      |
| CURRENT  |               |            | /ERAGE     | POOR                 |   |                                       |           |               |                      |
|  |               |            | /ERAGE     | POOR                 | EQUIPMENT LEASE                               | ,                                     | ,         |               |                      |
| EXTERIOR NE\   |               |            | /ERAGE     | POOR                 | YES NO  | IF YES, SEE INS                       | TRUCTION  | S AND ATTACH  | H SCHEDULE.          |
| TYPE OF USAGE:   | LIGHT TRAININ |            |            | RTER/TAXI            |   | ACTIONAL OWNE                         | RSHIP PR  |               | HOW/MUSEUM           |
| IF YOU CHECKED CHAR  |               |            |            |                      |   |                                       |           |               |                      |
|  | ,             |            |            |                      | ERRY FLIGHTS OR PAR                           |                                       |           |               |                      |
| AVIONICS SUMMA   |               |            |            |                      | S. DO NOT REPORT OF<br>) NEW, (A) AVERAGE, (F |                                       | RD FACTO  | RY AVIONICS.  |                      |
| UNIT   | ACQUISITION   | COST       | CONDITION  | ASSESSOR<br>USE ONLY |   |                                       | COST      | CONDITION     | ASSESSOR<br>USE ONLY |
| RVSM<br>REDUCED VERTICAL SEPARATION MINIMUM<br>MONITOR           | DATE          |            |            |                      | RADAR ALTIMETER                               |                                       |           |               | OUL ONL!             |
| TAWS<br>TERRAIN AWARENESS WARNING SYSTEM                         |               |            |            |                      | ENCODER                                       |                                       |           |               |                      |
| EFIS<br>ELECTRONIC FLIGHT INSTRUMENT SYSTEM                      |               |            |            |                      | RMI<br>RADIO MAGNETIC INDICATOR               |                                       |           |               |                      |
| TCAS<br>TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM                 |               |            |            |                      | VLF<br>VERY LOW FREQUENCY                     |                                       |           |               |                      |
| NAVCOM #1  |               |            |            |                      | PHONE   |                                       |           |               |                      |
| NAVCOM #2  |               |            |            |                      | RADAR   |                                       |           |               |                      |
| TRANSPONDER<br>A C   |               |            |            |                      | LORAN   |                                       |           |               |                      |
| GLIDESLOPE   |               |            |            |                      | ADF<br>AUTOMATIC DIRECTION FINDER             |                                       |           |               |                      |
| LOCALIZER  |               |            |            |                      | DME<br>DISTANCE MEASURING EQUIPMENT           |                                       |           |               |                      |
| COMPASS SYSTEM/HSI<br>HORIZONTAL SITUATION INDICATOR             |               |            |            |                      | AIR CONDITIONING                              |                                       |           |               |                      |
| AUTOPILOT<br>NUMBER OF AXES                                      |               |            |            |                      | BOOTS   |                                       |           |               |                      |
| FLIGHT DIRECTOR  |               |            |            |                      | HF TRANSCEIVERS<br>HIGH FREQUENCY             |                                       |           |               |                      |
| GPS IFR<br>GLOBAL POSITIONING SYSTEM, INSTRUMENT<br>FLIGHT RULES |               |            |            |                      | OTHER NON-FACTORY<br>AVIONICS                 |                                       |           |               |                      |
|  |               |            |            |                      | E 2 MUST BE COMP                              | · · · · · · · · · · · · · · · · · · · | <u></u>   |               |                      |

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

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

| ENONE(S)     SINGLE     LEFT     RIGHT       MAKE     INCLE     LEFT     RIGHT     FOR RELCOPTER 3- HOURS SINC MAN MOTOR       MORE     INCLE     INCLE     INCLE     INCLE       MORE     INCLE     INCLE     INCLE     INCLE       MART     INCLE     INCLE     INCLE     INCLE       MOUSS SINCE MANNE     INCLE     INCLE     INCLE     INCLE       MART     INCLE     INCLE     INCLE     INCLE     INCLE       MART     INCLE     INCLE     INCLE     INCLE     INCLE       MOUSS SINCE MANNER     INCLE     INCLE     INCLE     INCLE       MART     INCLE     INCLE     INCLE     INCLE  | AIRFRAME HOURS:                      |  |  |   |                                      |   |   |                                     |   |  |
|--|--------------------------------------|--|--|---|--------------------------------------|---|---|-------------------------------------|---|--|
| MODEL       IRACES   | ENGINE(S)                            | SINGLE   | LEFT   | RIGH  | г                                    | FOR HEI                                       | LICOPTERS - HOU   | TERS - HOURS SINCE MAJOR OVERHAUL:  |   |  |
| MODEL       Image: Sector of the   | MAKE                                 |  |  |   |                                      | ENGINE  |   | र                                   |   |  |
| VER.R OF MAURIACIURE   | MODEL                                |  |  |   |                                      | MAST  |   |                                     |   |  |
| HOURS SINCE NEW     ELADES       HOURS SINCE NEW     ELADES       HOURS SINCE MURE VERHAUL     ELADES       HOURS SINCE MURE VERHAUL     ENROLLMENT DATE       DATE OF MARKE MURE     ENROLLMENT DATE       DATE OF MARKE MURE     ENROLLMENT DATE       DATE OF MARKE MURE     ENROLLMENT DATE       DATE OF MARKE MURE VERHAUL     ENROLLMENT DATE       DATE OF MARKE MURE VERHAULA LINCRAFT, ENTER EXACT DATE OF FIRST FLIGHT     ENROLLMENT DATE       COR HOMEBULT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT     ENROLLMENT DATE       COR HOMEBULT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT     COUNTY       STATE ZIP CODE     COUNTY       AME     ADDRESS       TY     STATE ZIP CODE       COUNTY     STATE ZIP CODE       INEW LOCATION (IF MOVED)     ABANDONED       INTY     STATE ZIP CODE       INEW LOCATION (IF MOVED)     COUNTY       VERLANDY     STATE ZIP CODE       INTY     STATE ZIP CODE       INTY     STATE ZIP CODE       INTY     STATE ZIP CODE       INTY     STATE ZIP CODE </td <td>YEAR OF MANUFACTURE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>TRANSMISSI</td> <td>ON</td> <td>DRIVESHAFT</td>  | YEAR OF MANUFACTURE                  |  |  |   |                                      |   | TRANSMISSI  | ON                                  | DRIVESHAFT  |  |
| HOURS SINCE MADR OVERHALL  | HORSEPOWER                           |  |  |   |                                      |   |   | HUB                                 |   |  |
| THE BETWEEN OVERHALLS (TEO)  |                                      |  |  |   |                                      | SERVOS  | MISCELLANE  | EOUS                                |   |  |
| HOLRS SINCE MELLIFE  |                                      |  |  |   |                                      |   |   |                                     |   |  |
| DATE OF MAUCH OVERMALL   | . ,                                  |  |  |   |                                      |   |   |                                     |   |  |
| DATE OF LANDING GEAR OVERHAUL  SINGINE MAINTENANCE SERVICE PROGRAM: YES NO  MARC OF PROGRAM: YES NO  NAME NAME NAME NAME NAME NAME NAME NAME NAME  |                                      |  |  |   |                                      |   |   |                                     |   |  |
| ENGINE MAINTENANCE SERVICE PROGRAM:       YES       NO         VAME OF PROGRAM:       ENROLLMENT DATE:   | DATE OF MAJOR OVERHAUL               |  |  |   |                                      |   |   |                                     |   |  |
| NME OF PROCENDATE  | DATE OF LANDING GEAR OVERHAUL        |  |  |   |                                      |   |   |                                     |   |  |
| COR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT         SECTION IL: COMDETE IF IFRET TIME FLING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR         VAME       ADDRESS         STATE       ZIP CODE       COUNTY         FAIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT       SOLD OR DONATED       DATE OF SALE         SOLD OR DONATED       DATE OF SALE       SALE PRICE       SALE PRICE         STATE       ZIP CODE       COUNTY         END OR DONATED       DATE OF SALE       SALE PRICE         STATE       ZIP CODE       COUNTY         FC       MOVED       JUNKED       PARTED       DESTROYED       ABANDONED         STATE       ZIP CODE       COUNTY       STATE       COUNTY         STATE       NOVED       JUNKED       PARTED       DESTROYED       ABANDONED         STATE       NOVED       JUNKED       PARTED       DESTROYED       COUNTY         SKREAT NOT HABITUALLY BASED IN THIS COUNTY       KREART NOT HABITUALLY BASED IN THIS COUNTY       KREART NOT HABITUALLY BASED IN THIS COUNTY       REPAIRS       FOR SALE       COUNTY         STATE       ZIP CODE       COUNTY       COUNTY       COUNTY       COUNTY         STATE       IN TRANSIT TC:       COUNTY   | ENGINE MAINTENANCE SERV              | CE PROGRAM:  | YES N  | 0   |                                      |   |   |                                     |   |  |
| SECTION IL: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR         WAME       ADDRESS         VAME       ADDRESS         VAME       STATE         VAME       ADDRESS         VAME       ADDRESS         VAME       ADDRESS         VATE       STATE         VALUE       PARTED         DESTROYED       ABANDONED         VATE       NEW LOCATION (IF MOVED)         VATE       NEW LOCATION (IF MOVED)         VALUE       PARTED         VALUE       PARTED         VALUE       PARTED         VALUE       PARTED         VALUE       PARTED         VALUE       STATE         VALUE       COUNTY         STATE       ZIP CODE         VALUE       STATE         VALUE   |                                      |  |  |   |                                      |   | NT DATE:  |                                     |   |  |
| VAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER VAME ADDRESS CITY STATE ZIP CODE COUNTY FARCASSOLD, ATTACH A COMPLETE COPY OF THE SALES CONTACT FOOD ON TED: DATE OF SALE SALE PRICE S VEW OWNER NAME ADDRESS COUNTY STATE ZIP CODE COUNTY STATE ZIP CODE COUNTY F: MOVED   |                                      |  |  |   |                                      |   |   |                                     | -   |  |
| CITY       STATE       ZIP CODE       COUNTY         FARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT       SALE PRICE       SALE PRICE         FOLD OR DONATED:       DATE OF SALE       SALE PRICE         STATE       ZIP CODE       COUNTY         NEW OWNER NAME       ADDRESS         DITY       STATE       ZIP CODE         COUNTY       STATE       COUNTY         F:       MOVED       PARTED       DESTROYED         ABANDONED       COUNTY       STATE       COUNTY         EXPLORATION       PARTED       DESTROYED       ABANDONED         STATE       NEW LOCATION (F MOVED)       COUNTY       COUNTY         EXPLANATION       STATE       ZIP CODE       COUNTY         NRCRAFT NOT HABITUALLY BASED IN THIS COUNTY       STATE       HANGARTIE-DOWN NO.         SITY       STATE       CODE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         OTHER       OTHER       DECLARATION BY ASSIST US IN VALUING YOUR AIRCRAFT.       IF OWNERSHIP TYPE IS LLC, PLEASE ATTACHA LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (ST)       DECLARATION BY ASSESSEE       Note: The following declaration must be completed and signed. If you do not do so. It m  |                                      |  |  |   |                                      | LAST CALE                                     | NDAR TEAR   |                                     |   |  |
| A TACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASIST US IN VALUING YOUR AIRCRAFT.     IF Context and the fact of the fact o      | NAME                                 |  |  | ADDRESS   |                                      |   |   |                                     |   |  |
| F ARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT         F ARCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT         F SOLD OR DONATED:       DATE OF SALE         SALE PRICE         S         NEW OWNER NAME         ADDRESS         CITY       STATE         PE       DOUBT         COUNTY         F:       MOVED         JUNKED       PARTED         DESTROYED       ABANDONED         COUNTY       COUNTY         STATE       INEW LOCATION (IF MOVED)         COUNTY       COUNTY         XREART NOT HABITUALLY BASED IN THIS COUNTY       STATE         NERRORTIFBO WHERE NORMALLY KEPT       HANGARTIE-DOWN NO.         CITY       STATE       COUNTY         STATE       STATE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE         OTHER:       ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.         IF OWNERSHIP TYPE (IT)       DECLARATION BY ASSESSEE         OWNERSHIP TYPE (IT)       DECLARATION BY ASSESSEE         OWNERSHIP TYPE (IT)       DEPOINT OWNER IN THE AUDING TO THE MARGEN IN THIS COUNTY         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT   |                                      |  |  |   | OTATE                                |   |   |                                     |   |  |
| F SOLD OR DONATED:       DATE OF SALE       SALE PRICE         NEW OWNER NAME       ADDRESS         DITY       STATE       ZIP CODE       COUNTY         F:       MOVED       JUNKED       PARTED       DESTROYED       ABANDONED         STATE       NEW LOCATION (IF MOVED)       COUNTY       COUNTY         EXPLANATION       NEW LOCATION (IF MOVED)       COUNTY         INFORT/FBO WHERE NORMALLY BASED IN THIS COUNTY       HANGAR/TIE-DOWN NO.         DITY       STATE       ZIP CODE       COUNTY         DHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         DHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         OWNERSHIP TYPE (C)       POWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.       OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (C)       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 Statement at 1 the examined this proper or pathement, including accompanying schedules, statement at a Clainme that 1 have examined this proper or pathement, including accompanying schedules, statement at 12:01 a.m. on January 1, 20  |                                      |  |  |   | STATE                                |   | COUNTY  |                                     |   |  |
| FSOLD OR DONATED:       DATE OF SALE       SALE PRICE         VEW OWNER NAME       ADDRESS         DITY       STATE       ZIP CODE       COUNTY         F:       MOVED       JUNKED       PARTED       DESTROYED       ABANDONED         STATE       NEW LOCATION (IF MOVED)       COUNTY       COUNTY         STATE       NEW LOCATION (IF MOVED)       COUNTY         EXPLANATION       STATE       ZIP CODE       COUNTY         NRECRAFT NOT HABITUALLY BASED IN THIS COUNTY       STATE       ZIP CODE       COUNTY         DIFLOCK REASON AIRCRAFT IS OR WAS IN THIS COUNTY       STATE       ZIP CODE       COUNTY         DHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         DIFLOCK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         JHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         DIFLOCK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         DIFLOCK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         DIFLOCK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TALLING YOUR AIRCRAFT.   | FAIRCRAFT WAS SOLD ATTACH            |  |  | S CONTRACT  |                                      |   |   |                                     |   |  |
| NEW OWNER NAME       ADDRESS         SITY       STATE       ZIP CODE       COUNTY         F:       MOVED       PARTED       DESTROYED       ABANDONED         DATE       NEW LOCATION (IF MOVED)       COUNTY         EXPLANATION       COUNTY       COUNTY         NERRORTIFED WHERE NORMALLY BASED IN THIS COUNTY       HANGAR/TIE-DOWN NO.         VIRPORT/FBD WHERE NORMALLY KEPT       HANGAR/TIE-DOWN NO.         CITY       STATE       COUNTY         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS       FOR SALE       IN TRANSIT TO:         OTHER:       OTHER:       COUNTY       COUNTY       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 ATTACHA LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (2)       DOCLARATION BY ASSESSEE       Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.         IF OWNERSHIP TYPE (2)       DOCLARATION BY ASSESSEE       Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.         OWNERSHIP TYPE (2)       Note: The following declaration must be completed and sig   | ,                                    |  |  |   |                                      |   |   |                                     |   |  |
| CITY       STATE       ZIP CODE       COUNTY         P:  |                                      |  |  |   |                                      |   |   |                                     |   |  |
| F:   | NEW OWNER NAME                       |  |  | ADDRESS   |                                      |   |   |                                     |   |  |
| F:   | CITY                                 |  |  |   | STATE                                |   | COUNTY  |                                     |   |  |
| DATE       NEW LOCATION (IF MOVED)       COUNTY         EXPLANATION       COUNTY         AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY       INAUROPRT/FBO WHERE NORMALLY KEPT         AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY       HANGAR/TIE-DOWN NO.         SITY       STATE         CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:       REPAIRS         POR SALE       IN TRANSIT TO:         OTHER:       OTHER:         ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.         IF OWNERSHIP TYPE [2]       Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.         Partnership       Certify (or declare) under penalty of pei/ury under the laws of the State of California that 1 have examined this propertions to controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20   |                                      |  |  |   | 0.7.12                               |   |   |                                     |   |  |
| AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY AIRPORT/FBO WHERE NORMALLY KEPT  CITY  STATE ZIP CODE COUNTY CITY  STATE ZIP CODE COUNTY CODE COUNT CODE COUNTY COUNT |                                      |  | ROYED  | ABANDONED   |                                      |   | 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 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 (C) Proprietorship Corporation Corpora | EXPLANATION                          |  |  |   |                                      |   |   |                                     |   |  |
| CITY  STATE ZIP CODE  COUNTY  CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY:  REPAIRS FOR SALE 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)  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 proper 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, possesse in this statement at 12:01 a.m. on January 1, 20  |                                      |  |  |   |                                      |   |   |                                     |   |  |
| CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE 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] 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 proper astatement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belie is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse other cortrolled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20   | AIRPORT/FBO WHERE NORMALLY           | KEPT   |  |   |                                      |   | HANGAR  | /TIE-DOWI                           | N NO.   |  |
| □ OTHER:         ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.<br>IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (☑)<br>Proprietorship       DECLARATION BY ASSESSEE<br>Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.<br>I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper<br>statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief<br>other         Other       □ ontrolled, 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         NAME OF LEGAL ENTITY (other than DBA) (typed or printed)       TITLE         PREPARER'S NAME AND ADDRESS (typed or printed)       TELEPHONE NUMBER<br>()       TITLE         PATE   | ITY                                  |  |  |   | STATE                                | ZIP CODE                                      | COUNTY  | COUNTY                              |   |  |
| ☐ OTHER:         ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT.<br>IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (☑)<br>Proprietorship       DECLARATION BY ASSESSEE<br>Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.<br>I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper<br>statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief<br>other         Other       Other controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20   | CHECK REASON AIRCRAFT IS OR          | WAS IN THIS COUN   | TY: REPAI                                      | RS FOR SAL  | .E 🗍 II                              | N TRANSIT TO                                  | ):  |                                     |   |  |
| IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.          OWNERSHIP TYPE (I)       DECLARATION BY ASSESSEE         Proprietorship       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief corporation         Other       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief corporation         Other       Icertify (or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20  |                                      |  |  |   |                                      |   |   |                                     |   |  |
| 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 proper 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, possesse         Other       Other       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, possesse         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE         NAME OF LEGAL ENTITY (other than DBA) (typed or printed)       TITLE         PREPARER'S NAME AND ADDRESS (typed or printed)       TELEPHONE NUMBER       TITLE         E-MAIL ADDRESS       TITLE       TITLE  | ATTACH STATEMENT RI                  |  |  |   |                                      |   |   | ALUING Y                            | YOUR AIRCRAFT.  |  |
| Partnership       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this proper statements, 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, possesse other attachments of ASSESSEE OR AUTHORIZED AGENT*         Image: Displaying the person named as the assessee in this statement at 12:01 a.m. on January 1, 20         SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*         Image: Displaying the person named as the assessee in this statement at 12:01 a.m. on January 1, 20         DATE         Image: Displaying the person named as the assessee in this statement at 12:01 a.m. on January 1, 20         Image: Displaying the person named as the assessee in this statement at 12:01 a.m. on January 1, 20         Image: Displaying the person named as the assessee in this statement at 12:01 a.m. on January 1, 20         Image: Displaying the person named as the assessee in this statement at 12:01 a.m. on January 1, 20         Image: Displaying the person named as the assessee in this statement at 12:01 a.m. on January 1, 20         Image: Displaying the person named as the assessee in this statement at 12:01 a.m. on January 1, 20         Image: Displaying the person named as the assessee in this statement at 12:01 a.m. on January 1, 20         Image: Displaying the person named as the assessee in this statement at 12:01 a.m. on January 1, 20         Image: Displaying the person named a  |                                      |  |  | DECLA   | RATION                               | BY ASSES                                      | SSEE  |                                     |   |  |
| NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)       TITLE         NAME OF LEGAL ENTITY (other than DBA) (typed or printed)       FEDERAL EMPLOYER ID NUMBER         PREPARER'S NAME AND ADDRESS (typed or printed)       TELEPHONE NUMBER         E-MAIL ADDRESS       TELEPHONE NUMBER   | Partnership<br>Corporation           | <ul> <li>(or declare) under<br/>ent, including accorn<br/>correct, and corr</li> </ul> | er penalty of<br>mpanying sch<br>pplete and in | perjury under<br>edules, statem<br>cludes all pro | the laws<br>ents or or<br>operty rec | of the State<br>ther attachme<br>quired to be | of California tha<br>ents, and to the b<br>reported which | t I have e<br>est of my<br>is owned | examined this property<br>knowledge and belief it<br>d, claimed, possessed, |  |
| NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  PREPARER'S NAME AND ADDRESS (typed or printed)  E-MAIL ADDRESS  E-MAIL ADDRESS   | SIGNATURE OF ASSESSEE OR AUTHOR      | IZED AGENT*  |  |   |                                      |   | DATE  |                                     |   |  |
| NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  PREPARER'S NAME AND ADDRESS (typed or printed)  E-MAIL ADDRESS  E-MAIL ADDRESS   |                                      |  |  |   |                                      |   |   |                                     |   |  |
| PREPARER'S NAME AND ADDRESS (typed or printed)  E-MAIL ADDRESS  TELEPHONE NUMBER TITLE   | NAME OF ASSESSEE OR AUTHORIZED       | AGENT* (typed or printed   | )  |   |                                      |   | TITLE   |                                     |   |  |
| E-MAIL ADDRESS   | NAME OF LEGAL ENTITY (other than DBA | (typed or printed)   |  |   |                                      |   | FEDERAL EMPLOY  | ER ID NUME                          | BER   |  |
|  | PREPARER'S NAME AND ADDRESS (type    | TELEF  | PHONE NUM                                      | E NUMBER TITLE                                    |                                      |   |   |                                     |   |  |
|  | E-MAIL ADDRESS                       |  |  |   |                                      |   |   |                                     |   |  |
|  |                                      |  | OFNT: 055                                      |   |                                      |   |   |                                     |   |  |

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 bady 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 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.

