## AIRCRAFT PROPERTY STATEMENT

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

A STATE

Jennifer Perry, Assessor County of Del Norte 981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

#### FILE RETURN BY:

A\_\_\_\_ C\_\_\_ GLIDESLOPE

LOCALIZER

AUTOPIL OT

GPS IFR

GLOBAL POSI I FLIGHT RULES

COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATO

TIONING SYSTEM, INSTRUMENT

NUMBER OF AXES

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 AIRCRAFT LOCATION (AIRPORT, HANGAR OR TIE-DOWN NUMBER) FAA REGISTRATION NUMBER DAYTIME PHONE NUMBER Ν MANUFACTURER MODEL YEAR BUILT SERIAL NUMBER DATE MOVED TO THIS COUNTY PURCHASE DATE PURCHASE PRICE \$ FOR AIRCRAFT PREVIOUSLY REGISTERED OR ASSESSED IN ANOTHER CALIFORNIA COUNTY, INDICATE COUNTY NAME AND ASSESSMENT YEARS FIXED BASE OPERATOR NAME LAST MAJOR AIRFRAME OVERHAUL DATE: COST \$ AIRCRAFT CONDITION: DAMAGE HISTORY NFW GOOD **AVERAGE** POOR WHEN PURCHASED YES NO IFYES, SEE INSTRUCTIONS AND ATTACH STATEMENT. NEW GOOD AVERAGE POOR CURRENT EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED NEW POOR **AVERAGE** INTERIOR GOOD NEW GOOD YES NO IF YES, SEE INSTRUCTIONS AND ATTACH SCHEDULE. **AVERAGE** POOR EXTERIOR TYPE OF USAGE: BUSINESS 🚺 FRACTIONAL OWNERSHIP PROGRAM 🗌 SHOW/MUSEUM PERSONAL/PLEASURE FLIGHT TRAINING RENTAL CHARTER/TAXI 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. ACQUISITION COST ASSESSOR USE ONLY ACQUISITION COST ASSESSOR UNIT CONDITION UNIT CONDITION NEW NEW USE ONLY DATE DATE RADAR ALTIMETER RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR TAWS TERRAIN AWARENESS WARNING SYSTEM ENCODER EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM RMI RADIO MAC GNETIC INDICATOR TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM VLF VERY LOW FREQUENCY NAVCOM #1 PHONE NAVCOM #2 RADAR I ORAN TRANSPONDER

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

ADF AUTOMATIC DIRECTION FINDER

AIR CONDITIONING

HF TRANSCEIVERS HIGH FREQUENCY

OTHER NON-FACTORY

DISTANCE MEASURING EQUIPMENT

DME

BOOTS

AVIONICS



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

BOE-577 (P2) REV. 04 (05-14) SECTION 1: (continued)

ENGINE(S)     SINGLE     LEFT     RIGHT       MARE     INCOME     INCOME     INCOME       MODEL     INCOME     INCOME       MARE     INCOME     INCOME       SECTION     INCOME       INCOME <th>AIRFRAME HOURS:</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	AIRFRAME HOURS:						
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DATE OF LANDING GEAR OVERHAUL  INCINE MAINTENANCE SERVICE PROGRAM: YES NO  INCINE MAINTENANCE SERVICE PROGRAM: YES NO  ENROLLMENT DATE:  OR HOMEBUILT, KIT, OR EXPERIMENTAL AURCRAFT, ENTER EXACT DATE OF FIRST FULGHT:  INCINE MAINTENANCE SERVICE PROGRAM: OR EXPERIMENTAL AURCRAFT, ENTER EXACT DATE OF FIRST FULGHT:  INCINE MAINTENANCE SERVICE PROGRAM: INCINE MAINTENANCE SUMMER IN DIFFERENT FROM FAA REDISTERED OWNER  AME  ADDRESS  ATT  AME  STATE ZP CODE  COUNTY  AURCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  SOLD OR DONATED: DATE OF SALE  STATE ZP CODE  COUNTY  AURCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  SOLD OR DONATED: DATE OF SALE  COUNTY  AURCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  SOLD OR DONATED: DATE OF SALE  COUNTY  AURCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  SOLD OR DONATED: DATE OF SALE  COUNTY  AURCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  SOLD OR DONATED: DATE OF SALE  COUNTY  AURCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  SOLD OR DONATED: DATE OF SALE  COUNTY  AURCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT  SOLD OR DONATED: DATE OF SALE  COUNTY  AURCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AURCRAFT NOT HABITUALLY BASED IN THIS COUNTY  AURCRAFT NOT HABITUALLY BASED IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNTY  HECK REASON AURCRAFT IS OR WAS IN THIS COUNT	HOURS SINCE MIDLIFE						
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COR HOMEBUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST ETIGHT:         EXECTION I: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR         MAKE       IADRESS         STATE       STATE ZIP CODE       COUNTY.         ************************************	ENGINE MAINTENANCE SER	VICE PROGRAM:	YES NO	1			
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ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LC, PLEASE ATTACH A LIST OF MEMBERS NAMES. OWNERSHIP TYPE (♡) Proprietorship Partnership Corporation Corporation Other Other Other Other 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 belie is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse controlled, 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* NAME OF LEGAL ENTITY (other than DBA) (typed or printed) PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TELEPHONE NUMBER TELEPHONE NUMBER TITLE							
IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.         OWNERSHIP TYPE (ID)         DECLARATION BY ASSESSEE         Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.         Partnership       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 belie to controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20							
DECLARATION BY ASSESSEE         Declaration By Assessee         Proprietorship       Declaration must be completed and signed. If you do not do so, it may result in penalties.         Partnership       I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this propertion to the statement, 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, possessed controlled, 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       TITLE	ATTACH STATEMENT						TOUR AIRCRAFT.
Partnership Corporation       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 belie is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse other				DECLARAT	ON BY ASSES	SEE	
Participation       is true, 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, possessed controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20							
Corporation       is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse controlled, 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 ASSESSEE OR AUTHORIZED AGENT* (typed or printed)       TITLE         NAME OF LEGAL ENTITY (other than DBA) (typed or printed)       TELEPHONE NUMBER         PREPARER'S NAME AND ADDRESS (typed or printed)       TITLE							
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*       DATE         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         ()       TITLE	Corporation is tru	ie, correct, and col	mplete and includ	les all property	required to be	reported which is owne	d, claimed, possessed
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  TITLE  TITLE	Other contr	olled, or managed b	y the person name	ed as the assess	ee in this statemer	nt at 12:01 a.m. on Janua	ary 1, 20
NAME OF LEGAL ENTITY (other than DBA) (typed or printed) PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE	SIGNATURE OF ASSESSEE OR AUTH	ORIZED AGENT*				DATE	
NAME OF LEGAL ENTITY (other than DBA) (typed or printed) PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER TITLE							
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	E-MAIL ADDRESS			/ ·			

# 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 employee or agent 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.

