			2 Lanna	Shelly Scott			
EF-571-M-R06-0806-21000087-1 BOE-571-M (FRONT) REV.6 (8-06)			IVIARING	Assessor-Recorder-County Clerk			
20 MISCELLANEOUS PROPERTY STATEMENT				County of Marin			
OFFICIAL REQUIREMENT				CHANGE IN OWNERSHIP DIVIS P.O. Box C	ION		
A report submitted on this form is required of you by section 441(a) of the Revenue				San Rafael, CA 94913			
and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20 Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code section 463. This statement is not a public document. The information contained herein will be held secret by the Assessor (Code section 451); it can be disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.				Phone: (415) 473-7231 Fax: (415) 473-6255	Phone: (415) 473-7231 Fax: (415) 473-6255		
				www.marincounty.gov	www.marincounty.gov LOCATION OF THE PROPERTY:		
				2. LOCATION OF THE PROPERTY:			
				(File a separate statement for each location)			
				Street Address	Street Address		
1. NAME AND MAILING AD	ODRESS (Make necessary corrections to the p	rinted name ar		City 3. DO YOU OWN THE LAND AT THIS LOCATION			
I				' 3. DO YOU OWN THE LAND AT THIS LOCATION	?		
					If yes, is the name on your deed   recorded as shown on this statement.   Ves   IOCAL PHONE NUMBER   (   )   E-Mail Address (optional)		
I				VETERANS:			
				Are you filing a claim for veterans' exemption	?		
	laimed, possessed, controlled, or managed by ventories are exempt from taxation and shoul ble for this exemption.				on" form must be filed		
DESC		DATE AC-	соѕт	REMARKS	ASSESSOR'S USE ONLY		
5. SUPPLIES		XXXX					
6. EQUIPMENT		XXXX	X X X X				
a. Total cost of all equ	uipment held on January 1, last year	x x x x					
h Fauipment acquire	ed since January 1, last year	xxxx	XXXX				
	ed since January F, last year						
c. Equipment dispose	ed of since January 1, last year	x x x x	× × × ×				
d. Total cost of all equ	uipment held on January 1, this year	хххх					
7. OTHER (describe)							
8. BUILDINGS OR LEASE		MONTH & YEA	AR				
(describe additions ar	nd retirements in detail)						
INSTRUCTIONS:	_			TOTAL FULL			
Line 5. Enter the cost of you Line 6. List individually iten	ur supplies. ns acquired or disposed of since January 1 of last	vear. Additional	sheets may be attached. The fig	VALUE			
be entered on line d may be computed by adding the figures for lines a and b and subtracting the figure for line c							
Line 7. Enter the date acquired, cost, and description of any other personal property at this location. Additional sheets may l tached.				FIXTURES			
	nd show the cost of all additions and retirements to Ir landlord during the year being reported. Do not			ents to (IMPROVEMENTS)			
DECLARATION BY ASSESSEE				PROCESSING DA	PROCESSING DATA		
OWNERSHIP Note: The following declaration must be completed and			OPERATION BY	DATE			
TYPE (4) signed. If you do not do so, it may result in penalties.			ANALYZED				
Proprietorship	have examined this property statement, including accompanying schedule			edules. COMPLITED	_		
Partnership	statements or other attachments, and to the best of my knowledge and belief it			ief it is			
Corporation I true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person name				named			
Other	as the assessee in this statement at 12:0	01 a.m. on Jar	nuary 1, 20	REVIEWED	·		
SIGNATURE OF ASSESSEE OR AU	THORIZED AGENT*	D/	ATE	POSTED TO:	·		
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)			TLE				
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)			EDERAL EMPLOYER ID NUMBER	TAX AREA CODE:			
				BUS. CODE:			
PREPARER'S NAME AND ADDRES	SS (typed or printed) TELEPHONE NUME	BER TI	TLE				
*Agent: see back for Declara	tion by Assessee instructions.	THIS STATE	MENT SUBJECT TO AUDIT				

 $= F - 57 \cdot M + 006 \cdot 21000 \cdot 37$ 

## 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.

