EF-571-R-R27-0524-37000053-1 BOE-571-R (P1) REV. 27 (05-24)

APARTMENT HOUSE PROPERTY STATEMENT FOR 2025

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2025)



San Diego County Assessor 1600 Pacific Highway, Suite 103

San Diego, CA 92101 Phone: (619) 236-3771

Jordan Marks

E-mail: arcc.fgg@sdcounty.ca.gov

RETURN THIS ORIGINAL FORM FILE RETURN BY APRIL 1, 202: NAME AND MAILING ADDRESS	5			ailing address.)				
'				'			HE PROPERTY (s	• • • • • • • • • • • • • • • • • • • •
					2. Enter	the total	number of units fo	or the location listed.
							Do you live	in one of the units? No
Local Telephone NumberEmail AddressEnter location of general ledger and a	all related accounting	Fax Numbe				g the per	ne unit number iod of January 1, 2	2024 through December 31,
STREET		CITY	S	TATE ZIP	li i	mited liab	ility company, etc.	entity (corporation, partnership) acquire a "controlling definition) in this business
Enter name and telephone number of	f authorized person to	o contact at locatio	n of accounting rec	ords:		ntity?]Yes □] No	
CAREFULLY READ AND FOLLOW 1. If you no longer own this propowner: Name				ng address of the ne	ir a (3) If	struction cquisition Yes — YES to t	s for definition) in? No ooth questions (1)	ty also own "real property" (see
Mailing Address	ddress of Legal Entities, to the State Board of							
City and State			Zip Code		ir	struction	s for filing requirer	nents.
4. Do any other individuals, partn premises? ☐ Yes ☐ No		s do business or o	wn personal proper	ty (other than house	ehold furnitu	re and pe	rsonal effects of yo	our tenants) located on your
NAME AND ADDRESS OF C				TURE OF THE BU	SINESS OF	PROPE	RTY	ASSESSOR'S USE ONLY
Yes No If yes, li	ist below.		·					
NAME AND ADDRESS OF C	OWNER OF SUCH PI	ROPERTY		QUANTITY AN	ID DESCRI	PTION		
6. ENTER BELOW the number of Schedule A. Do not include, e				ators, not built-in), a	and unfur <mark>ni</mark> s	hed units	. Also complete	
	SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BED	RM.	LARGER	
FULLY FURNISHED								
PARTLY FURNISHED								
UNFURNISHED								
TOTALS								
7. Supplies					Cost			
Furniture and appliances				Enter From Sch				
Other furniture and equipment	t			Enter From Sch	edule B			
10.								
						TAI [!!	1 \/ALLIE	
							L VALUE PROPERTY	
						XTURES		
							PROVEMENTS	

LAND

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.

Year of Acquisition	Original Installed Cost	FOR ACCECCO			pool, vending, signs, fire e			
		FOR ASSESSOR'S USE ONLY		Year of	Original Installed Cost	FOR ASSESSOR'S USE ONLY		
	(NOT depreciated book value)	Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value	
2024				2024				
2023				2023				
2022				2022				
2021				2021				
2020				2020				
2019				2019				
2018				2018				
2017				2 017				
2016				2016				
2015				2015				
2014 & prior				2014 & prior				
OTAL COST nter on line 8,				TOTAL COS				
EMARKS:				Λ				

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, 2025.

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.



INSTRUCTIONS

California law prescribes a yearly ad valorem tax based on property as it exists at 12:01 a.m. on January 1 (tax lien date). This form constitutes an official request that you declare all assessable business property situated in this county which you owned, claimed, possessed, controlled, or managed on the tax lien date, and that you sign (under penalty of perjury) and return the statement to the Assessor's Office by the date cited on the face of the form as required by law. Failure to file the statement during the time provided in section 441 of the Revenue and Taxation Code will compel the Assessor to estimate the value of your property from other information in the Assessor's possession and add a penalty of 10 percent of the assessed value as required by section 463 of the Code.

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.



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