

FRESNO COUNTY
SECURED PROPERTY TAX BILL
FISCAL YEAR JULY 1, 2006 - JUNE 30, 2007

PARCEL NUMBER

FULL TAXABLE	LAND	IMPROVEMENTS	PERSONAL PROPERTY	EXEMPTION	NET TAXABLE VALUE	TAXES	1ST INSTALLMENT	2ND INSTALLMENT	TOTAL TAX
	PERS. PROP. ACCT		PEST CONTROL VALUE						

ASSESSED TO:

PLEASE
FORWARD
TO NEW
OWNER IF
PROPERTY
HAS BEEN
SOLD

Make Check Payable To:
VICKI CROW, C.P.A.
AUDITOR - CONTROLLER/TREASURER - TAX COLLECTOR
2281 TULARE ST. - HALL OF RECORDS - ROOM 105
P.O. BOX 1192, FRESNO, CALIFORNIA 93715-1192
PHONE (559) 488-3482
WWW.CO.FRESNO.CA.US

IMPORTANT MESSAGES

LOCATION:
TAX RATE AREA:

TAX PAYMENT IS DISTRIBUTED AS SHOWN BELOW

TAXING AGENCIES/VOTER APPROVED BONDS/SPECIAL ASSESSMENTS	VALUE BASE	RATE/\$100	AMOUNT
2006-07			

THE FOLLOWING ARE RESPONSIBLE FOR:

COLLECTIONS - TAX COLLECTOR (559) 488-3482
EXEMPTIONS - ASSESSOR (559) 488-3604

ADDRESS CHANGE INFORMATION - ASSESSOR(559) 488-3534
VALUATIONS - ASSESSOR(559) 488-3509

FRESNO COUNTY SECURED PROPERTY TAXES

PROPERTY DESCRIPTION:
ASSESSED OWNER:

PARCEL NUMBER:

2006-07

2ND
INSTALLMENT

DELINQUENT PAYMENT - AFTER APR 10, 2007 PAY THIS AMOUNT - IF PAID BY APRIL 10, 2007

DELINQUENT SECOND	SECOND INSTALLMENT
DETACH AND RETURN THIS STUB WITH YOUR 2ND PAYMENT.	THE SECOND INSTALLMENT CANNOT BE PAID BEFORE THE FIRST INSTALLMENT

MAKE CHECK PAYABLE TO VICKI CROW, C.P.A. - FRESNO COUNTY TAX COLLECTOR, P.O. BOX 1192,
FRESNO, CA 93715-1192 - OR PAY ONLINE AT WWW.CO.FRESNO.CA.US OR CALL (559) 488-3482

FRESNO COUNTY SECURED PROPERTY TAXES

PROPERTY DESCRIPTION:
ASSESSED OWNER:

PARCEL NUMBER:

2006-07

1ST
INSTALLMENT

DELINQUENT PAYMENT - AFTER DEC 10, 2006 PAY THIS AMOUNT - IF PAID BY DEC 10, 2006

DELINQUENT FIRST	FIRST INSTALLMENT
DETACH AND RETURN THIS STUB WITH YOUR 1ST PAYMENT.	TO PAY TOTAL AMOUNT DUE, RETURN BOTH STUBS WITH PAYMENT OF BY

MAKE CHECK PAYABLE TO VICKI CROW, C.P.A. - FRESNO COUNTY TAX COLLECTOR, P.O. BOX 1192,
FRESNO, CA 93715-1192 - OR PAY ONLINE AT WWW.CO.FRESNO.CA.US OR CALL (559) 488-3482

YOUR TAXES MAY BE PAID ON
THE INTERNET BY ACCESSING
OUR WEB SITE AT
WWW.CO.FRESNO.CA.US OR BY
CALLING OUR AUTOMATED PHONE
SYSTEM AT (559) 488-3482.

FAILURE TO RECEIVE A TAX BILL
IN NO WAY RELIEVES THE TAX
PAYER OF RESPONSIBILITY TO
PAY THE TAXES WHEN THEY
BECOME DUE AND PAYABLE AND
DOES NOT PROVIDE A BASIS FOR
EXCUSING PENALTIES.

THE TAX COLLECTOR DOES NOT
DETERMINE THE AMOUNT OF
TAXES DUE AND CANNOT
CHANGE ANY AMOUNT.

A RETURNED CHECK FEE WILL
BE ADDED TO YOUR TAX BILL FOR
ANY CHECK RETURNED FOR ANY
REASON.

THE TAX COLLECTOR IS NOT
RESPONSIBLE FOR PAYMENTS
MADE ON WRONG PARCELS. BE
SURE THIS STATEMENT IS FOR
PROPERTY ON WHICH YOU WISH
TO PAY TAXES.

MULTIPLE TAX BILLS MAY
BE PAID WITH ONE CHECK.

NO RECEIPT WILL BE SENT.
YOUR CANCELLED CHECK
IS YOUR RECEIPT.

DELINQUENCY DATES AND TIME: The delinquency dates and times established by statute are 5:00 p.m. on December 10 for the first installment and 5:00 p.m. on April 10 for the second installment. When December 10 or April 10 falls on Saturday, Sunday, or a legal holiday, the hour of delinquency is 5:00 p.m. on the following business day.

PAYMENT OF TAXES: Your taxes may be paid by mail by returning the stub with your payment in the return envelope provided. Checks and money orders should be made payable to VICKI CROW, C.P.A.-FRESNO COUNTY TAX COLLECTOR, showing the mailing address of the payer and the parcel number shown on the bill for which payment is being made. Acceptance of checks constitutes payment as of the date of acceptance only when it is duly paid. A returned check fee will be added to your tax bill(s) for any check returned for any reason. If returned after the delinquent date, the Auditor-Controller/Treasurer-Tax Collector must charge the penalties required by state law. If a tax remittance is sent through the U.S. Mail, properly addressed and with required postage prepaid or deposited for shipment with an independent delivery service that is an Internal Revenue Service designated delivery service in a sealed envelope or package, properly addressed with the required fee prepaid, delivery of which shall not be later than 5 p.m. on the next business day after the effective delinquent date, the remittance shall be deemed received on the date shown by the post office cancellation mark stamped upon the envelope containing the remittance, or the independent delivery service shipment date shown on the packing slip or air bill attached to the outside of the envelope or package containing the remittance.

PROPERTY LIEN DATE: Taxes are levied on property as it existed at 12:01 a.m. on the first day of January proceeding the fiscal year for which the taxes are levied. (Sec.2192, R & T Code)

FULL VALUES are established by the County Assessor. For questions on values, call that department at (559) 488-3509. If you disagree with a change in the assessed value as shown on the bill, you have the right to an informal assessment review for the following year by contacting the County Assessor by January 1.

If an agreement cannot be reached at this review, you have the right to file an Application for Changed Assessment with the County of Fresno - Assessment Appeals during the period from July 2 through November 30. Applications may be obtained at the Board of Supervisors, 2281 Tulare Street, Hall of Records, Room 301, Fresno, CA 93721 or by phoning them at (559) 488-3529.

TAX RATES: The Fresno County-wide tax rate is one percent of the full value after exemptions. Bond Tax Rates are determined by the 12 month requirement for payment of principal and interest.

VALUE BASE LEGEND CODES

- | | |
|---|---|
| 1 TAXES BASED ON ALL PROPERTY | 6 PUBLIC IMPROVEMENTS AND / OR SERVICE CHARGES |
| 2 TAXES BASED ON LAND VALUE ONLY | SUCH AS SEWERS, SIDEWALKS, PAVING, WEED |
| 3 TAXES BASED ON LAND AND IMPROVEMENTS ONLY | ASSESSMENTS, PENALTY, SEC. 482 R & T CODE, ETC. CHARGED DIRECTLY TO THE PROPERTY. |
| | 7 TAXES BASED ON CITRUS TREES |

VALUATION & COMPUTATIONS: Your Tax Collector does not determine the amount of tax you pay. The tax bill is computed by multiplying the value of your property (as determined by the County Assessor's office) by the tax rates as adopted by the Board of Supervisors.

PRIOR YEAR DELINQUENT TAXES JEOPARDIZE THIS PROPERTY: This notation on your bill indicates unpaid taxes for a previous year. If the taxes remain unpaid five years after the date of default, the property will become subject to a Tax Collector's power of sale and may subsequently be sold at public auction. If current taxes are unpaid after June 30, the owner will be obliged to pay a redemption penalty, beginning July 1. To ascertain an amount necessary to redeem, please contact the County Auditor-Controller/Treasurer-Tax Collector, Tax Collection Division, P.O. Box 1192, Fresno, CA 93715, telephone (559) 488-3482.

TO OBTAIN A CURRENT YEAR'S TAX BILL: Visit us online at www.co.fresno.ca.us or call (559) 488-3482 or write to the County Auditor-Controller/Treasurer-Tax Collector, Tax Collection Division, giving the parcel number of the property, address where property is located, or the legal description of the property as it appears on the deed, certificate of title, or previous tax bill. Also include your telephone number so we can call you to save time in case there are problems. It is the taxpayer's responsibility to pay taxes timely. **FAILURE TO RECEIVE A BILL DOES NOT PROVIDE A BASIS FOR EXCUSING PENALTIES UNLESS THE PROPERTY HAS CHANGED OWNERSHIP AND CERTAIN CONDITIONS EXIST (2610.5 R & T CODE).**

HOMEOWNER'S EXEMPTION INELIGIBILITY NOTICE:

If you filed a claim for the Homeowner's Property Tax Exemption, you declared under penalty of perjury that you are the owner of this property and that it is your principal place of residence. You are required by law to terminate this claim if either or both of the following events occurred prior to 12:01 a.m. January 1:

- (1) Ownership of the property transferred to another party.
- (2) Your principal place of residence changed to another location.

If you were not eligible for the exemption as of 12:01 a.m., January 1, you must so notify the County Assessor in writing on or before December 10 or you will be subject to payment of the amount of taxes the exemption represents plus a 25% penalty. If you have questions regarding the homeowner's exemption, please contact the County Assessor, P.O. Box 1146, Fresno, CA 93715, telephone (559) 488-3604

PROPERTY TAX ASSISTANCE FOR SENIOR CITIZENS OR BLIND OR DISABLED PERSONS:

The Gonsalves-Deukmejian-Petris Senior Citizens Property Tax Assistance Law provides direct cash assistance based on part of the property taxes paid on the homes of qualified individuals with total household incomes of \$40,811 or less who are either: (1) 62 or older, (2) blind, or (3) disabled; and a U.S. citizen or eligible alien. Claims for assistance are based on the 2006/2007 property taxes. The filing period runs from July 1, 2007 through October 15, 2007. Qualified individuals must file a claim form each year in order to receive assistance. Filing for property tax assistance will not reduce the amount of property taxes owed to the Fresno County Auditor-Controller/Treasurer-Tax Collector.

Claim forms or information regarding the Property Tax Assistance program may be obtained by contacting the Franchise Tax Board at 1-800-868-4171 (toll-free), or at the Internet website: www.ftb.ca.gov.

PROPERTY TAX POSTPONEMENT FOR SENIOR CITIZENS OR BLIND OR DISABLED PERSONS

The Property Tax Postponement Law allows eligible homeowners the option of having the State pay the property taxes on their principal place of residence. To be eligible for postponement, you must, (1) be either 62 years of age or older, blind, or disabled; (2) own and occupy your home as of December 31, 2005; (3) have a 2005 household income of less than \$24,000; and (4) possess 20% equity interest in your home. The amount of taxes postponed plus accrued interest must be repaid to the State of California when the homeowner dies, sells, moves from the property, or allows senior liens to become delinquent. The filing period for the current year taxes is May 15 through December 11, 2006. A claim must be filed each year the homeowner desires to have the property taxes postponed.

Claim forms or information regarding the Property Tax Postponement Program may be obtained from the State Controller's Office at 1-800-952-5661, or the Internet website: www.sco.ca.gov. If you are calling from the 916 area code, please call 327-5587.

NOTICE OF ELIGIBILITY FOR INSTALLMENT PAYMENT

If this tax bill is for or includes escaped assessments for prior fiscal years, the portion representing the prior year escapes may be paid over a four-year period, if the additional tax is over \$500. To do so you must submit a written request, together with 20% of the additional tax and installment fee to the County Auditor-Controller/Treasurer-Tax Collector prior to the delinquency date. To ascertain the proper amount to remit, please contact the County Auditor-Controller/Treasurer-Tax Collector at (559) 488-3482. A tax lien will be recorded against the property. In each succeeding fiscal year, you must pay at least 20 percent of the original amount due before April 10, as well as pay all bills issued on the current roll prior to the delinquency date. Interest at the rate of three-fourths of 1 percent per month, from the date of the deadline for filing the written request to the date that payment is due, shall be added to the outstanding balance, if the County Auditor-Controller/Treasurer-Tax Collector determines that the escape or underassessment was due, in whole or in part, to an error, omission, or fault of the Assessee. If any installment or any current year taxes are not paid prior to the delinquency dates, the installment payment plan defaults and the remaining balance will then be due and payable. The remaining balance shall be subject to applicable penalties and collection costs and the installment payment plan **cannot** be restarted.

MAIL EARLY TO AVOID PENALTY

FIRST INSTALLMENT due November 1. Delinquent penalty of 10% attaches after December 10. **SECOND INSTALLMENT** due February 1 may be paid any time after first installment is paid. Delinquent penalty of 10% and \$10 cost attaches after April 10. If taxes remain unpaid after June 30, 2007, it will be necessary, as provided by law, to pay delinquent penalties, costs, redemption penalties and a redemption fee.

FRESNO COUNTY UNSECURED PROPERTY TAX BILL

FISCAL YEAR JULY 1, 2007 - JUNE 30, 2008

PARCEL NUMBER

SUB

E

FULL VALUE	LAND	IMPROVEMENTS	FIXTURES(TFI)	PERSONAL PROPERTY	AIRCRAFT	EXEMPTION	NET TAXABLE VALUE	TAXES	TOTAL TAX
BUS ACCT				PEST CONTROL VAL.					

Make Check Payable To:

VICKI CROW, CPA. - FRESNO COUNTY TAX COLLECTOR
P.O. BOX 1192, FRESNO, CALIFORNIA 93715-1192

ADDRESSED TO:

VICKI CROW, C.P.A.
AUDITOR-CONTROLLER/TREASURER-TAX COLLECTOR
2281 TULARE ST.-HALL OF RECORDS-ROOM 105
FRESNO, CALIFORNIA
PHONE (559) 488-3482

IMPORTANT MESSAGES

DESCRIPTION:

TAX RATE AREA:

TAX PAYMENT IS DISTRIBUTED AS SHOWN BELOW				
	TAXING AGENCIES / VOTER APPROVED BONDS / SPECIAL ASSESSMENTS	VALUE BASE	RATE/\$100	AMOUNT
2007-08				

THE FOLLOWING ARE RESPONSIBLE FOR:

COLLECTIONS - TAX COLLECTOR (559) 488-3482

ADDRESS CHANGES INFORMATION - ASSESSOR.....(559) 488-3534

EXEMPTIONS - ASSESSOR (559) 488-3604

VALUATIONS - ASSESSOR (559) 488-3545

ENFORCEMENT OF PAYMENT: If the taxes remain unpaid after the delinquency date, a tax lien notice will be mailed to the assessee, a tax lien will be recorded against the assessee, and the taxes will be transferred to our Revenue Reimbursements Division for collection. These actions will increase the amount due by the addition of collection fees and a release of lien fee. The amount due will continue to increase by the addition of a 1.5% penalty, which attaches each month until the taxes are paid in full.

FAILURE TO RECEIVE A TAX BILL IN NO WAY
RELIEVES THE TAX PAYER OF RESPONSIBILITY TO
PAY THE TAXES WHEN THEY BECOME DUE AND
PAYABLE AND DOES NOT PROVIDE A BASIS FOR
EXCUSING PENALTIES.

ASSESSED OWNER:

PARCEL NUMBER:

FRESNO COUNTY UNSECURED PROPERTY TAXES

2007-08

THE TAX COLLECTOR DOES NOT DETERMINE THE
AMOUNT OF TAXES DUE AND CANNOT CHANGE
ANY AMOUNT.

A RETURNED CHECK FEE WILL BE ADDED TO YOUR
TAX BILL FOR ANY CHECK RETURNED FOR ANY
REASON.

MULTIPLE TAX BILLS MAY
BE PAID WITH ONE CHECK.

**NO RECEIPT WILL BE SENT.
YOUR CANCELLED CHECK IS YOUR RECEIPT.**

DELINQUENT PAYMENT - AFTER:

PAY THIS AMOUNT - IF PAID BY:

DELINQUENT AMOUNT		AMOUNT DUE	
1.5% PENALTY ATTACHES		DETACH AND RETURN THIS STUB WITH YOUR PAYMENT	

IMPORTANT INFORMATION

PAYMENT OF TAXES: Your taxes may be paid by mail by **returning the stub with your payment** in the return envelope provided. Checks and money orders should be made payable to VICKI CROW, C.P.A. - FRESNO COUNTY TAX COLLECTOR, showing the mailing address of the payer and the parcel number shown on the bill for which payment is being made. Acceptance of checks constitutes payment as of the date of acceptance only when it is duly paid. A returned check fee will be added to your tax bill(s) for any check returned for any reason. If returned after the delinquent date, the Auditor-Controller/Treasurer-Tax Collector must charge the penalties required by state law. If a tax remittance is sent through the U.S. Mail, properly addressed and with required postage prepaid or deposited for shipment with an independent delivery service that is an Internal Revenue Service designated delivery service in a sealed envelope or package, properly addressed with the required fee prepaid, delivery of which shall not be later than 5 p.m. on the next business day after the effective delinquent date, the remittance shall be deemed received on the date shown by the post office cancellation mark stamped upon the envelope containing the remittance, or the independent delivery service shipment date shown on the packing slip or air bill attached to the outside of the envelope or package containing the remittance.

VALUES are established by the County Assessor. For questions on values, call that department at (559) 488-3545. If you disagree with a change in the assessed value as shown on the bill, you have the right to an informal assessment review for the following year by contacting the County Assessor by January 1. If an agreement cannot be reached at this review, you have the right to file an Application for Changed Assessment with the County of Fresno - Assessment Appeals during the period from July 2 through November 30. Applications may be obtained at the Board of Supervisors, 2281 Tulare Street, Hall of Records, Room 301, Fresno, CA 93721 or by phoning them at (559) 488-3529.

Ownership on the Lien Date Determines the Obligation to Pay Taxes. The disposal or removal from the county of property after the lien date does not relieve the assessee of their tax liability. **FOR QUESTIONS REGARDING OWNERSHIP, CONTACT THE ASSESSOR AT (559) 488-3545.**

TAX RATES: The Fresno Countywide tax rate is one percent of the full value after exemptions. Bond Tax Rates are determined by the 12 month requirement for payment of principal and interest.

VALUE BASE

- 1 TAXES BASED ON ALL PROPERTY
- 2 TAXES BASED ON LAND ONLY
- 3 TAXES BASED ON LAND AND IMPROVEMENTS ONLY

TAX LEGEND CODES

- 6 SPECIAL ASSESSMENT OR PENALTY PURSUANT TO SEC. 482 R & T CODE
- 7 TAXES BASED ON CITRUS TREES
- 8 SPECIAL FEES OR AIRPLANES

EXEMPTION LEGEND CODES

- A HOMEOWNERS
- V VETERANS
- W WELFARE

TAX AMOUNTS are computed by multiplying the full valuations by the Fresno Countywide Tax Rate and Voter Approved Bond Rates. However, you must take into consideration that tax rates are based on each \$100.00 of full valuation.

PROPERTY LIEN DATE: Taxes are levied on property as it existed at 12:01 a.m. on the first day of January preceding the fiscal year for which the taxes are levied. (Sec.2192, R & T Code)

DELINQUENCY DATE (a) Taxes on the unsecured roll as of July 31st, if unpaid, are delinquent August 31st at 5 p.m. and thereafter a delinquent penalty of 10 percent attaches to them. Taxes added to the unsecured roll after July 31st, if unpaid, are delinquent at 5 p.m. on the last day of the month succeeding the month in which the assessment was added. Thereafter, a delinquent penalty of 10 percent attaches to them, except that taxes transferred to the unsecured roll on which penalties had attached while on the secured or supplemental rolls and were also transferred, shall be subject only to the additional penalties prescribed by subdivision (b) if such transferred taxes are unpaid by 5 p.m. of the last day of the second succeeding month after the taxes are transferred. Taxes transferred to the unsecured roll at the time set for property to become tax defaulted shall be subject to the additional penalties beginning July 1 and on the first day of each month thereafter.

(b) If taxes on the unsecured roll are unpaid by 5 p.m., of the last day of the second succeeding month after the 10 percent penalty attaches pursuant to subdivision (a), an additional penalty of 1 1/2 percent attaches to them on the first day of each month thereafter to the time of payment or to the time a court judgment is entered for the amount of the unpaid taxes and penalties, whichever occurs first. (Sec. 2922 R & T Code)

(c) If August 31st or the last day of any month falls on Saturday, Sunday or any legal holiday the time of delinquency is 5 p.m. on the next business day.

NOTICE OF POTENTIAL ELIGIBILITY FOR INSTALLMENT PAYMENT

If this bill includes escaped assessments for prior fiscal years subject to payment under Sec. 4837.5 R & T Code (as shown on the face of the bill), the portion representing the prior year escapes may be paid over a four-year period, if the additional tax is over \$500.00. To do so you must submit a written request, together with 20 percent of the additional tax and the installment fee to the County Auditor-Controller/Treasurer-Tax Collector prior to the delinquency date. To ascertain the proper amount to remit, please contact the County Auditor-Controller/Treasurer-Tax Collector at (559) 488-3482. In each succeeding fiscal year, you must pay at least 20% of the original amount due before August 31 as well as pay all bills issued on the current roll prior to the delinquency date. Interest at the rate of three-fourths of 1 percent per month, from the date of the deadline for filing the written request to the date that payment is due, shall be added to the outstanding balance, if the County Auditor-Controller/Treasurer-Tax Collector determines that the escape or underassessment was due, in whole or in part, to an error, omission, or fault of the Assessee. If any installment or any current year taxes are not paid prior to the delinquency dates, the installment payment plan defaults and the remaining balance will then be due and payable. The remaining balance shall be subject to all applicable penalties and collection costs and the installment payment plan cannot be restarted.

MAIL EARLY AND AVOID PENALTY

49,809	151,993	7,000 HOMEOWNER	194,802	1,173.37	1,173.37	2,346.74
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PHITHACKTHEP BOUNNEUANG
566 W SAMPLE
FRESNO CA 93704

DUPLICATE TAX BILL

566 W SAMPLE FRESNO
98-127
5212 5653 7 1007229162

FR COUNTYWIDE TAX	1	1.000000	1,948.02
FRESNO UNIF 95	1	.111546	217.28
FRESNO UNIF 2001	1	.000002	.00
FRESNO 2001-E	1	.020078	39.10
STATE CENTER GO BD	1	.000898	1.74
ST CNTR 04 GO BOND	1	.004140	8.06
FRESNO UN SPEC RES	1	.050000	97.40
TOTAL TAX RATE		1.186664	
FID MINIMUM	6		12.50
MET FLOOD ASSMT	6		20.70
FRES MOSQ & VECTR	6		1.94
TOTAL TAX			2,346.74

566 W SAMPLE FRESNO
PHITHACKTHEP BOUNNEUANG
407-423-14

DUPLICATE TAX BILL

1,300.69	1,173.37
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A407423140000000062047000011733700001300699

566 W SAMPLE FRESNO
PHITHACKTHEP BOUNNEUANG
407-423-14

DUPLICATE TAX BILL

1,290.69	1,173.37
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2,464.06 APR 10, 2007

A407423140000000061126000011733700001290695



OIL, GAS, AND GEOTHERMAL PERSONAL PROPERTY STATEMENT

ROBERT C. WERNER

Fresno County Assessor

P. O. Box 1146 Fresno, CA 93715

SLUC	BUSINESS ACCOUNT NUMBER
ASSESSOR'S PARCEL NUMBER	SUB NUMBER
ASSESSOR'S USE ONLY	

OFFICIAL REQUIREMENT

A report submitted on this form is required of you by Section 441(a) of the Revenue and Taxation Code. The statement must be completed according to the instructions and filed with the Assessor on or before April 1 2008. 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% 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.

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)

2. LOCATION OF THE PROPERTY: _____ 3. PARCEL NUMBER _____

(a separate report must be filed for each property)

TAX RATE AREA _____

FIELD NAME _____ 4. PHONE NUMBER () _____

LEASE NAME AND POOL _____ E-Mail address (optional) _____

CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS

PERSONAL PROPERTY					ASSESSOR'S USE ONLY FULL VALUE	
5. Supplies (fuel)	Type:	Gravity:	Barrels:			
			Items	Acquis. Year	Original Cost	
6. Office furniture						
7. Warehouse stock (parts, tools, equipment, etc.)						
8. Yard stock (rods, tubing, casing, etc.)						
9. Other (chemicals, unlicensed vehicles, etc.)						

10. DECLARATION OF PROPERTY BELONGING TO OTHERS (if none write "none")

(SPECIFY TYPE BY CODE NUMBER)

Report conditional sales contracts in lines 6-9 as applicable

- | | |
|------------------------------------|------------------------------|
| 1. Leased Equipment | 4. Vending Equipment |
| 2. Lease-Purchase Option Equipment | 5. Other businesses |
| 3. Capitalized Leased Equipment | 6. Government-Owned Property |

Tax Obligation: A. Lessor B. Lessee

Lessor's Name	Year of Acq.	Year of Mfr.	Description and Lease or Identification Number	Cost to Purchase New	Annual Rent
Mailing Address					
Lessor's Name					
Mailing Address					

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 12:01am January 1, 2008

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 NO.
PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER TITLE ()

OWNERSHIP TYPE	
Proprietorship	<input checked="" type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input type="checkbox"/>
Other _____	<input type="checkbox"/>
ASSESSOR'S USE ONLY	
Appr. _____	

ASSESSOR'S USE ONLY			
Roll Changes			
	Land	A1	
	Imps.	B2	
	Fix (TFI)	C3	
	Per. Prop.	D4	
	Ex. A	H1	
	Ex.	J3	
	Ex.	K4	
	Pen.		

*Agent: See back for Declaration By Assessee instructions

THIS STATEMENT SUBJECT TO AUDIT



ROBERT C. WERNER
Fresno County Assessor
P. O. Box 1146 Fresno, CA 93715

AGRICULTURAL PROPERTY STATEMENT
DECLARATION OF COSTS AND OTHER RELATED PROPERTY INFORMATION
AS OF 12:01 A.M., JANUARY 1, 2008

SLUC	BUSINESS ACCOUNT NUMBER
ASSESSOR'S PARCEL NUMBER	SUB NUMBER
ASSESSOR'S USE ONLY	

FILE RETURN BY APRIL 1, 2008

LOCATION OF THE PROPERTY

(File a separate statement for each location.)

IF YOU NEED ASSISTANCE, CALL (559) 488-3545.

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

PART I: GENERAL INFORMATION [Complete (a) through (i)]

- a. Enter type of farm or business: _____
- b. Enter local telephone number () _____ FAX no. () _____
E-mail address (optional) _____
- c. Do you own the land at this location? ☐ Yes ☐ No
If **yes**, is the name on your deed recorded as shown on this statement? ☐ Yes ☐ No
- d. When did you start business at this location? DATE: _____
- e. Enter location of general ledger and all related accounting records (include zip code): _____
- f. Enter name and telephone number of authorized person to contact at location of accounting records: _____
- g. During the period of January 1, 2007 through December 31, 2007
(1) Has all or part of this real property been subject to a

- change in ownership? ☐ Yes ☐ No
- (2) Are any related entities conducting business in the county? ☐ Yes ☐ No
If **yes**, provide name, mailing address, and locations: _____
- (3) If you leased this real property, has it been the subject of a lease agreement for a period of 35 years or more (including options)? ☐ Yes ☐ No
- (4) Did you acquire "control" through acquisition of stock or otherwise of a legal entity which owns real property in this county? ☐ Yes ☐ No
- (5) Did another person or entity acquire "control" through acquisition of stock or otherwise of this corporation or entity? (See instructions.) ☐ Yes ☐ No
- h. Do you have:
(1) Registered or show horses? ☐ Yes ☐ No
(2) Racehorses? ☐ Yes ☐ No
(If **yes** is checked, see instructions.)
- i. Are there manufactured homes/mobilehomes located on the property? ☐ Yes ☐ No
If **yes**, indicate: Number currently licensed _____
Number not currently licensed _____

PART II: DECLARATION OF PROPERTY BELONGING TO YOU
(attach schedule for any adjustment to cost)

		COST (omit cents) (see instructions)	ASSESSOR'S USE ONLY
1. Supplies	(From Schedule A)	\$	
2. Animals	(From Schedule B)	\$	
3. Fixed machinery and equipment	(From Schedule C)	\$	
4. Movable farm equipment	(From Schedule D)	\$	
5. Office furniture and equipment	(From Schedule E)	\$	
6. Equipment out on lease, rent, or conditional sale to others	Attach Schedule.	\$	
7. Other			

PART III: REAL PROPERTY ALTERATIONS (see Instructions on (S3B), Part III)

Have you made any changes to the real property this past year? ☐ Yes ☐ No If **Yes**, please complete Part III — "Real Property Alterations" on page (S2B). See Instructions on page (S3B), Part III.

1. Improvements added or removed (structures, pumps, pipe lines, etc.)*

PARCEL	DESCRIPTION	MONTH & YEAR		COST (omit cents) (see instructions)	
		ADDED	REMOVED		
				\$	
				\$	

*Additional space provided on (S2B) REMARKS

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, 2008.

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 NO.	
PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER ()	TITLE

OWNERSHIP TYPE (✓)	
Proprietorship	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input type="checkbox"/>
Other	<input type="checkbox"/>
Computed	_____
Appraised	_____
Reviewed	_____
Assessors Use Only	

ASSESSOR'S USE ONLY			
Roll Changes			
	Land	A1	
	Imps.	B2	
	Fix. (TFI)	C3	
	Per. Prop.	D4	
	Ex.	A	H1
	Ex.		J3
	Ex.		K4
	Pen.		

*Agent: See page S4B for Declaration By Assessee instructions.

THIS STATEMENT SUBJECT TO AUDIT



ROBERT C. WERNER
Fresno County Assessor
P. O. Box 1146 Fresno, CA 93715

BUSINESS PROPERTY STATEMENT
DECLARATION OF COSTS AND OTHER RELATED PROPERTY INFORMATION
AS OF 12:01 A.M., JANUARY 1, 2008

SLUC	BUSINESS ACCOUNT NUMBER
ASSESSOR'S PARCEL NUMBER	SUB NUMBER
ASSESSOR'S USE ONLY	

FILE RETURN BY APRIL 1, 2008

LOCATION OF THE PROPERTY

(File a separate statement for each location.)

IF YOU NEED ASSISTANCE, CALL (559) 488-3545.

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

PART I: GENERAL INFORMATION

COMPLETE (a) THROUGH (g)

- a. Enter type of business: _____
- b. Enter local telephone no. () _____ FAX number () _____
E-mail address (optional): _____
- c. Do you own the land at this business location? ☐ Yes ☐ No
If **yes**, is the name on your deed recorded as shown on this statement? ☐ Yes ☐ No
- d. When did you start business at this location? DATE: _____
If your business name or location has changed from last year, enter the former name and/or location: _____
- e. Enter location of general ledger and all related accounting records (include zip code): _____

f. Enter name and telephone no. of authorized person to contact at location of accounting records: _____

g. During the period of January 1, 2007 through December 31, 2007:

- (1) Has all or part of this real property been subject to a change in ownership? ☐ Yes ☐ No
- (2) Are any related entities conducting business in the county? ☐ Yes ☐ No
If **yes**, attach a list of names, mailing addresses, and locations.
- (3) If you leased this real property, has it been the subject of a lease agreement for a period of 35 years or more (including options)? ☐ Yes ☐ No
- (4) Did you acquire "control" through acquisition of stock or otherwise of a legal entity which owns real property in this county? ☐ Yes ☐ No
- (5) Did another person or entity acquire "control" through acquisition of stock or otherwise of this corporation or entity? ☐ Yes ☐ No

PART II: DECLARATION OF PROPERTY BELONGING TO YOU

(attach schedule for any adjustment to cost)

	COST (omit cents) (see instructions)	ASSESSOR'S USE ONLY
1. Supplies		
2. Equipment (From line 35)		
3. Equipment out on lease, rent or conditional sale to others (Attach Schedule)		
4. Bldgs., Bldg. Impr., and/or Leasehold Impr., Land Impr., Land (From line 71)		
5. Construction In Progress (Attach Schedule)		
6. Alternate Schedule A (See instructions)		
7.		
8.		

PART III: DECLARATION OF PROPERTY BELONGING TO OTHERS – IF NONE WRITE "NONE"

(SPECIFY TYPE BY CODE NUMBER)

Report conditional sales contracts that are not leases on Schedule A

	Year of Acq.	Year of Mfr.	Description and Lease or Identification Number	Cost to Purchase New	Annual Rent
1. Leased equipment					
2. Lease-purchase option equipment					
3. Capitalized leased equipment					
4. Vending equipment					
5. Other businesses					
6. Government-owned property					
9. Lessor's name Mailing address					
10. Lessor's name Mailing address					

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, 2008.

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 NO.
PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER ()
	TITLE

OWNERSHIP TYPE (✓)	
Proprietorship	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input type="checkbox"/>
Other	<input type="checkbox"/>
BUSINESS DESCRIPTION (✓)	
Retail	<input type="checkbox"/>
Wholesale	<input type="checkbox"/>
Manufacturer	<input type="checkbox"/>
Service/Professional	<input type="checkbox"/>
ASSESSOR'S USE ONLY	
Appr.	_____

ASSESSOR'S USE ONLY			
Roll Changes			
	Land	A1	
	Imps.	B2	
	Fix. (TFI)	C3	
	Per. Prop.	D4	
Ex.	A	H1	
Ex.		J3	
Ex.		K4	
Pen.			

*Agent: See S3B for Declaration By Assessee instructions

THIS STATEMENT SUBJECT TO AUDIT
INFORMATION PROVIDED ON A PROPERTY STATEMENT MAY BE SHARED WITH THE STATE BOARD OF EQUALIZATION



ROBERT C. WERNER
Fresno County Assessor
P. O. Box 1146 Fresno, CA 93715

APARTMENT HOUSE PROPERTY STATEMENT
DECLARATION OF COSTS AND OTHER RELATED PROPERTY INFORMATION
AS OF 12:01 A.M., JANUARY 1, 2008

SLUC	BUSINESS ACCOUNT NUMBER
ASSESSOR'S PARCEL NUMBER	SUB NUMBER
ASSESSOR'S USE ONLY	

FILE RETURN BY APRIL 1, 2008

LOCATION OF THE PROPERTY

(File a separate statement for each location.)

IF YOU NEED ASSISTANCE, CALL (559) 488-3545.

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

Local telephone number () _____ FAX no. () _____

E-mail address (optional) _____

Enter location of general ledger and all related accounting records (include zip code):

STREET			
	CITY	STATE	ZIP

Enter name and telephone number of authorized person to contact at location of
accounting records: _____ () _____

CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.

1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new owner:

Name _____

Mailing Address _____

City and state _____ Zip code _____

2. Enter the total number of units for the location listed.

Do you live in one of the units? ☐ Yes ☐ No
If **yes**, enter the unit number _____

3. During the period of January 1, 2007 through December 31, 2007:

- (a) Did you own this real property? ☐ Yes ☐ No
- (b) Has all or part of this real property been subject to a change in ownership? ☐ Yes ☐ No
- (c) If you leased this real property, has it been the subject of a lease agreement for a period of 35 years or more (including options)? ☐ Yes ☐ No
- (d) Did you acquire "control" of a legal entity which owns real property in this county? ☐ Yes ☐ No
- (e) Did another person or entity acquire "control" of this corporation or entity? (see instructions) ☐ Yes ☐ No

4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises? ☐ Yes ☐ No If **yes**, list below.

**ASSESSOR'S
USE ONLY**

NAME AND ADDRESS OF OWNER OF SUCH PROPERTY	NATURE OF THE BUSINESS OR PROPERTY

5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? ☐ Yes ☐ No If **yes**, list below.

NAME AND ADDRESS OF OWNER OF SUCH PROPERTY	QUANTITY AND DESCRIPTION

6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A on the back. **Do not** include, either here or in Schedule A, any unit in which you live.

	SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BEDRM.	LARGER
FULLY FURNISHED						
PARTLY FURNISHED						
UNFURNISHED						
TOTALS						

7. Supplies	Cost \$
8. Furniture and appliances	Enter From Schedule A \$
9. Other furniture and equipment	Enter From Schedule B \$
10.	

ASSESSOR'S USE ONLY

Appr. _____

ASSESSOR'S USE ONLY

Roll Changes

	Land	A1	
	Imps.	B2	
	Fix. (TFI)	C3	
	Per. Prop.	D4	
	Ex. A	H1	
	Ex.	J3	
	Ex.	K4	
	Pen.		



ROBERT C. WERNER
Fresno County Assessor
P. O. Box 1146 Fresno, CA 93715

VESSEL PROPERTY STATEMENT FOR 2008
DECLARATION OF COSTS AND OTHER RELATED PROPERTY INFORMATION
AS OF 12:01 A.M., JANUARY 1, 2008

SLUC	BUSINESS ACCOUNT NUMBER
SUB NUMBER	
ASSESSOR'S USE ONLY	

FILE RETURN BY APRIL 1, 2008

Assessor's Office records show that you currently own, claim, possess or control the Vessel identified above.

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)

(See reverse side for instructions and exemption information.)

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

IF YOU NEED ASSISTANCE, CALL (559) 488-3545

Check if annual filer. ☐ Annual filers must complete the asterisked (*) items and sign and complete the Declaration by Assessee below.

- *1. DAYTIME PHONE NUMBER: ()
E-MAIL ADDRESS (optional):
- *2. VESSEL REGISTRATION NUMBER (CF):
- *3. VESSEL NAME AND HULL NUMBER:
- *4. NORMAL LOCATION OF VESSEL: Slip number
- *5. BUILDER: Year built:
MODEL/CLASS-NAME & HIN:
LENGTH: BEAM: DRAFT:
WEIGHT/Displacement:
GROSS TONS: NET TONS: (Coast Guard Documented)
6. POWER BOAT TYPE: ☐ Bass Boat ☐ Bow Rider ☐ Center Console
☐ Cuddy ☐ Sedan Cruiser ☐ F/B Convertible ☐ F/B Sportfisher
☐ Houseboat ☐ Inflatable or Hard Bottom ☐ Jet Ski ☐ Motor Yacht
☐ Runabout ☐ Ski Boat ☐ Trawler
☐ Other:
7. HULL TYPE: ☐ Cathedral ☐ Deep Vee ☐ Displacement
☐ Flat Bottom ☐ Round Bottom ☐ Semi Vee ☐ Tunnel Hull
☐ Other:
8. SAILBOAT TYPE/RIG: ☐ Catamaran ☐ Catboat ☐ Cutter
☐ Ketch ☐ Schooner ☐ Sloop ☐ Trimaran ☐ Yawl
9. HULL MATERIAL: ☐ Aluminum ☐ Cement ☐ Fiberglass
☐ Fiberglass Composite ☐ Fiberglass/Wood ☐ Plywood ☐ Planked Wood
☐ Steel ☐ Other:
- *10. ENGINE TYPE and DRIVE: Number HP each
MANUFACTURER: Year
☐ Diesel ☐ Gas ☐ Inboard ☐ Inboard/Outdrive
☐ Outboard ☐ Vee drive ☐ Jet ☐ Other:
Auxiliary Generator: ☐ Yes ☐ No Manufacturer KW

11. PURCHASE INFORMATION (see instructions on back - also, please complete information requested on Lines 18 & 19):

Purchase price: Purchase date:
☐ With motor ☐ Without motor Motor cost:
☐ With trailer ☐ Without trailer Trailer cost:

12. CONDITION WHEN PURCHASED: ☐ New/Bristol ☐ Above average
☐ Average ☐ Good ☐ Fair ☐ Poor (explain, see instructions on back)

*13. CURRENT CONDITION: ☐ New/Bristol ☐ Above average
☐ Average ☐ Good ☐ Fair ☐ Poor (explain, see instructions on back)

14. DATE VESSEL FIRST MOVED TO COUNTY:

15. LAST COUNTY ASSESSED AND TAXES PAID:

16. INTENDED USE: ☐ Pleasure ☐ Commercial fishing ☐ Research
☐ Commercial passenger fishing (see back)
☐ Principal place of residence (see instructions on back - Exemptions)

17. OTHER USAGE: (see instructions on back)

18. SALE, PURCHASE, LOSS or REMOVAL (see instructions on back):

Sold to:
Purchased from:
Address:
City: State: County:
Total selling price: Sale date:
Nature of loss:
Date of loss:
If vessel permanently removed from the county: Removal date:
Address moved to:
City: State: County:

*19. VESSEL EQUIPMENT LEASED, ADDED or RETIRED
(attach schedule, see instructions on back)

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, 2008.

Computed _____
Appraised _____
Reviewed _____

OWNERSHIP TYPE (✓) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ ATTACHMENTS (✓) <input type="checkbox"/> Supplemental Schedules <input type="checkbox"/> Computer Printouts <input type="checkbox"/> Other _____	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 NO.
	PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER TITLE ()

ASSESSOR'S USE ONLY			
Roll Changes			
	Per. Prop.	D4	
	Ex.	J3	
	Ex.	K4	
	Pen.		

**Agent: See back for Declaration By Assessee Instructions.

THIS STATEMENT SUBJECT TO AUDIT



ROBERT C. WERNER
Fresno County Assessor
P. O. Box 1146 Fresno, CA 93715

AIRCRAFT PROPERTY STATEMENT
DECLARATION OF COSTS AND OTHER RELATED PROPERTY INFORMATION
AS OF 12:01 A.M., JANUARY 1, 2008

SLUC	BUSINESS ACCOUNT NUMBER
ASSESSOR'S PARCEL NUMBER	SUB NUMBER
ASSESSOR'S USE ONLY	

FILE RETURN BY APRIL 1, 2008

SEE REVERSE SIDE FOR INSTRUCTIONS AND EXEMPTION INFORMATION

IF YOU NEED ASSISTANCE, CALL (559) 488-3545.

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED. ITEMS MARKED WITH (*) MUST BE COMPLETED ANNUALLY.

PLEASE NOTE: Regardless of status of the Historical Aircraft Exemption Claim, this form must be filed timely with the Assessor's Office or penalties will apply.

- *2. Daytime Phone No.: _____
- *3. Location of Aircraft - Airport, Hangar / Tie-Down No.: _____
FBO Name: _____
4. Make and Model: _____ Year: _____
Serial No.: _____
5. Purchase Date: _____ Purchase Price: \$ _____
6. Date Moved To This County: _____
7. Have you had this aircraft registered or assessed in another California County?
Yes ☐ No ☐ If yes, Where? _____ When? _____
- *8. Condition When Purchased New ☐ Average ☐ Poor ☐
Current Condition New ☐ Average ☐ Poor ☐
Condition of Interior New ☐ Average ☐ Poor ☐
Condition of Exterior New ☐ Average ☐ Poor ☐
- *9. Total Time On Airframe As Of January 1: _____
- *10. Engines:
A. Maintenance Service Program Yes ☐ No ☐

B. ENGINE(S)	SINGLE	LEFT	RIGHT
Make			
Model			
Year of Manufacture			
Horsepower			
Hours Since New			
Hours Since Major Overhaul			
Time Before Overhaul (TBO)			

11. Last Major Airframe Overhaul
Date _____ Cost \$ _____
12. Damage History: (see instructions on back)
13. Equipment Leased, Exchanged, Added Or Retired (see instructions on back)

14. FOR HELICOPTERS - HOURS SINCE MAJOR OVERHAUL	
Engine	Tail Rotor Gearbox
Main rotor blades	Tail Rotor Hub Assembly
Main rotor head assembly	Tail Rotor Blades
Mast	Servos
Main transmission	Misc. (flight controls, bearings, shafts, etc.)
Tail rotor driveshaft	

***15. Avionics**

	New	Avg	Poor		New	Avg	Poor
RVSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RADAR ALT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENCODER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RMI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TCAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VLF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAVCOM #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAVCOM #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RADAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPONDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LORAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A _____ C _____				ADF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GLIDESLOPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCALIZER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RNAV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPASS SYS/HSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AIR COND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUTOPILOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOOTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. of AXIS _____				HIGH FREQ. TRANSCIEVERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLIGHT DIRECTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
GPS IFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-factory avionics added in the last calendar year			
				Cost \$ _____			

16. Type of Usage☐ Pleasure ☐ Flight Training ☐ Rental ☐ Charter/Taxi ☐ Business

Name and Address of Owner if Different From FAA Registered Owner

Name _____
Address _____
City _____ State _____ ZIP _____ County _____

17. If Sold / Donated: Date of Sale _____ Sale \$ _____

New Owner _____
Address _____
City _____ State _____ ZIP _____ County _____

18. If: ☐ Moved ☐ Junked ☐ Parted ☐ Destroyed ☐ Abandoned

Date _____ New Location (if Moved) _____
Explanation _____

19. Aircraft Not Habitually Based in This County

Airport / FBO: _____
City _____ State _____ ZIP _____ County _____
Hangar / Tie-down No.: _____

Check Reason Plane is/was in This County:☐ Repairs ☐ For Sale ☐ In Transit to: _____**20. First Flight Date:** _____ (see instructions on back)

21. Attach statement regarding any additional information you feel would assist us in valuing your aircraft.

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, 2008.

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 NO.	
PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER ()	TITLE

**Agent: See instructions for Declaration by Assessee.

THIS STATEMENT SUBJECT TO AUDIT

OWNERSHIP TYPE (✓)

Proprietorship ☐
Partnership ☐
Corporation ☐
Other ☐

Computed _____

Appraised _____

Reviewed _____

ASSESSOR'S USE ONLY

Roll Changes

	Per. Prop.	D4	
Aircraft		F6	
Ex.		J3	
Ex.		K4	
Pen.			



LANDLORD REPORT OF TENANTS

AS OF 12:01 A.M., JANUARY 1, 2008

ROBERT C. WERNER

Fresno County Assessor

P. O. Box 1146 Fresno, CA 93715

SLUC	BUSINESS ACCOUNT NUMBER
ASSESSOR'S PARCEL NUMBER	SUB NUMBER
ASSESSOR'S USE ONLY	

RETURN THIS COPY BY APRIL 1, 2008

NAME AND MAILING ADDRESS

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

Please list all individuals, partnerships, or corporations doing business on your property.

See instructions enclosed. If you do not file this affidavit properly, you may be assessed for tenant equipment and fixtures.

LOCAL PHONE NUMBER: _____

IF THIS MAILING ADDRESS IS INCORRECT, PLEASE
ENTER THE CORRECT ADDRESS HERE:RETURN THIS ORIGINAL AFFIDAVIT. COPIES ARE NOT ACCEPTABLE.

IF YOU NEED ASSISTANCE, TELEPHONE (559) 488-3545.

LIST ADDRESSES AND SUITE NUMBERS OF EACH RENTAL UNIT ON THIS PROPERTY	NAME and MAILING ADDRESS (include suite numbers and ZIP code) OF TENANT ON JANUARY 1, 2008. IF A RENTAL UNIT IS VACANT, SO STATE.	LOCAL PHONE NUMBER OF TENANT	NAME OF BUSINESS AND TYPE OF BUSINESS AT THIS LOCATION	CHECK BOX IF NEW TENANT
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEET(S) AS NECESSARY.

Do you own any **personal property** or **equipment** at this location?
If YES is checked, a property statement **must** be filed with this office.☐ Yes ☐ No ← (Please check either "Yes" or "No".Do you own any **fixtures** (see examples) at this location?☐ Yes ☐ No ←

If these boxes are left blank, this affidavit must be returned to you as incomplete.)

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, 2008.

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 NO.	
PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER ()	TITLE

Computed _____

Appraised _____

Reviewed _____

ASSESSOR'S USE ONLY

Roll Changes

	Land	A1	
	Imps.	B2	
	Fix. (TFI)	C3	
	Per. Prop.	D4	
	Ex. A	H1	
	Ex.	J3	
	Ex.	K4	
	Pen.		