

571-R

APARTMENT HOUSE PROPERTY STATEMENT

COUNTY OF LOS ANGELES • JEFFREY PRANG, ASSESSOR, 500 W. TEMPLE ST., ROOM 230, LOS ANGELES, CA 90012-2770
 Telephone: 213.974.8613 • Email: businesspp@assessor.lacounty.gov • Website: assessor.lacounty.gov • Si desea ayuda en Español, llame al número 213.974.3211
(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2016)

2016

141	ROUTING	SITUS	SUB	USE		FILE RETURN BY APRIL 1, 2016.	TAX RATE	ASSESSOR'S USE ONLY		
INDEX	INDEX	TYPE	CODE	ACCT FORM			AREA	ASSESSOR'S IDENTIFICATION NUMBER		
								MAP BOOK	PAGE	PARCEL

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

ASSESSOR'S USE ONLY

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

COMPANY NUMBER

LOCATION OF THE PROPERTY *(street, city)*
(file a separate statement for each location)

Local Telephone Number () Fax Number ()

Email Address

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

STREET	CITY	STATE	ZIP
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Enter name and telephone number of authorized person to contact at location of accounting records:

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CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.

- 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. 163

Do you live in one of the units? Yes No

If **yes**, enter the unit number _____

3. During the period of January 1, 2015 through December 31, 2015:

- Did any individual or legal entity (corporation, partnership, limited liability company, etc.) acquire a "controlling interest" (see instructions for definition) in this business entity? Yes No
- If YES, did this business entity also own "real property" (see instructions for definition) in California at the time of the acquisition?
 Yes No
- If YES to both questions (1) and (2), filer must submit form *BOE-100-B, Statement of Change in Control and Ownership of Legal Entities*, to the State Board of Equalization. See instructions for filing requirements.

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.

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. **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	ASSESSOR'S USE ONLY			
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	TOTAL FULL VALUE			
	PERSONAL PROPERTY			
	FIXTURES			
	OTHER IMPROVEMENTS			
	LAND			
	DEPUTY:	DATE		
	ASSESSOR'S ESTIMATE			
	APPROVED BY:	DATE		
	○ TXN		BATCH NUMBER	
	○			

*Agent: See page (P2) for Declaration by Assessee instructions.

