EF-502-G-R06-0516-21000228-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Shelly Scott Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255

www.marincounty.gov

BUYER/TRANSFEREE	RECORDING DATA		
	Date Recorded:		
MAILING ADDRESS	Document Number:		
SELLER/TRANSFEROR	Assessor's Identification Number:		
SELLENTRANSFEROR	MB PG PCL		
MAILING ADDRESS	Phone Numbers:		
	Buyer: ()		
FIELD	Seller: ()		
	Sec: Twp: Rng:		
IMPORTANT NOTICE			
	y or manufac <mark>tu</mark> red home subject to local property taxation, and that is ment with the County Recorder or Assessor. The Change in Ownership		
	t recorded, within 90 days of the date of the change in ownership, except		
	the statement shall be filed within 150 days after the date of death or, if		
	raisal is filed. The failure to file a Change in Ownership Statement within penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the		
	nership of the real property or manufactured home, whichever is greater,		
but not to exceed five thousand dollars (\$5,000) if the property is eligil	ble for the homeowners' exemption or twenty thousand dollars (\$20,000)		
	lure to file was not willful. This penalty will be added to the assessment		
roll and shall be collected like any other delinquent property taxes, an			
A. TRANSFER INFORMATION (Check the appropriate boxes to india	cate the method by which you acquired an interest in the property.)		
1. Purchase (complete Sections B and C on the reverse side).	13. Was this transfer/addition solely between spouses		
2. Land Sales Contract. A contract for the purchase of property	or registered domestic partners, divorce settlement,		
in which the seller retai <mark>ns</mark> legal title <mark>to</mark> it a <mark>fte</mark> r the buyer takes	etc.?		
possession.	14. Was this transaction only a correction of the		
3. Inheritance. Transfer by will or intestate succession.	Hamily of the second of the se		
Date of death	15. If you hold title to this property as a joint tenant,		
Relationship to deceased	is the seller or transferor also a joint tenant?		
4. Trade or exchange. The above described property has been	16. Was th <mark>is transaction</mark> the termination of a joint		
traded or exchanged for other real property or tangible personal	tenancy interest?		
property.	17. Was this transfer between family members or		
5. Merger or stock acquisition.	related businesses?		
	18. Was this document recorded to substitute a trustee		
6. Partial interest transfer. Was less than 100 percent of the	under a deed of trust, mortgage, or other similar		
property transferred? If yes , indicate the percentage	document?		
transferred %.	19. Was this document recorded to create, assign,		
7. Foreclosure or trustee sale.	or terminate a lender's interest in this property? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		
o □ ou	20. Has this property been transferred to a trust?		
8. Gift.	If yes , is the trust: Revocable Irrevocable		
9. Life estate.	21. If the trust is irrevocable, is the transferor or the		
5 = 10 00tato.	transferer's angular or registered demostic		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

partner the sole present beneficiary?

22. Does this property revert to the transferor in

If you answered no to 21 or 22, attach a copy of the trust

12 years or less? (Clifford Trust)

agreement.

☐ Yes ☐ No



10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

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В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)			
1.	Seller's name and address:			
2.	Field name: Parcel number: Parcel number:		Parcel number:	
3.	Date sales agreement or letter of intent signed:	Effective tra	nsfer date:	
4.	Closing date: Reco	ding document: Number:	Date:	
5.	. Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answer questions relative to the transaction:			
6.	Name, address, and phone number of any consultants used	in connection with the transaction:		
7.	Interest acquired (please report decimal fractions out of total	; e.g., 0.875 out of 1.000).		
	Revenue interest: Working interest:		est owners & percentages:	
8.	Number of wells: Producing Injection	on All idle	Other	
		Total acres in the pa	rcel:	
	Production rates at acquisition: Oil			
	Price received for oil and gas at acquisition: Oil	\$/b Gas		
	Oil gravity: API Gas:	btu/mcf Average p	reducing depth: ft	
	Proved reserves: Developed: Oil	bbl Gas_	mcf	
	Undeveloped: Oil		mcf	
14.	Were appraisals, evaluations, cash flow projections or other			
	 a. If yes, please enclose copies of those appraisals, evalua most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. 	tions, cash flow projections or analyses		
15.	Please enclose a copy of the following:			
	a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loan			
	agreements.			
	 b. A complete listing of all assets acquired and liabilities assets and related equipment, separately. 		in item 15a. Please list each lease, including	
_	c. The allocation to your company books of the total acquising PURCHASE PRICE OR TRANSFER AMOUNT INFORMAT			
C.	Terms: Total purchase price:			
	Production and/or conventional loan(s):		Interest rate(s):	
	Source(s) of financing (bank, seller, etc.):			
D.	Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)			
		CERTIFICATION		
Par Cor	SHELOISHID -	nts or documents, is true, correct and con	fornia that the foregoing and all information hereon, nplete to the best of my knowledge and belief. This	
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE	
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	<u> </u>	DATE	
NIAL	C OF CALLTY (4-mad as printed)		EEDEDAL EMDLOVED IS NUMBER	
NAME OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER	
PREPARER'S NAME AND ADDRESS (typed or printed)			TITLE	
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS			
/	E-WAIL ADDRESS			

