EF-502-G-R05-1111-25000371-1 BOE-502-G (P1) REV. 5 (11-11)

## **CHANGE IN OWNERSHIP STATEMENT**

**Modoc County Assessor** 204 Sout Court Street, Suite 106

Alturas, CA 96101 Phone: (530) 233-6218

Fax: (530) 233-6237 assessor@co.modoc.ca.us

Cheri Budmark

## **OIL AND GAS PROPERTY**

File this statement by:

| BUYE  | ER/TR | ANSFEREE   | RECORDING DATA   |  |  |  |
|---|-------|--|--|--|--|--|
|   |       |  | Date Recorded:   |  |  |  |
| MAIL  | ING A | DDRESS   | Document Number:   |  |  |  |
| SELL  | FR/TE | RANSFEROR  | Assessor's Identification Number:  |  |  |  |
| OLLL  | .டா   | VAROLETON  | MB PG PCL  |  |  |  |
| MAIL  | ING A | DDRESS   | Phone Numbers:   |  |  |  |
|   |       |  | Buyer: ( )   |  |  |  |
| FIELI   | )     | LEASE  | Seller:  |  |  |  |
| IN/I  | DΩ    | RTANT NOTICE   | Sec: Twp: Rng:   |  |  |  |
|   | _     |  | ty or manufactured home subject to local property taxation, and that is  |  |  |  |
| ass   | esse  | d by the county assessor, to file a Change in Ownership State  | ement with th <mark>e County Recorder or Assessor. The Cha</mark> nge in Ownership   |  |  |  |
|   |       |  | ot recorded, within 90 days of the date of the change in ownership, except   |  |  |  |
|   |       |  | ı the statement shall be filed within 150 days after the date of death or, if<br>raisal is filed. The failure to file a Change in Ownership Statement within   |  |  |  |
|   |       |  | a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the   |  |  |  |
| taxes applicable to the new base year value reflecting the change in ownership of the real property or manufactured home, whichever is greater, |       |  |  |  |  |  |
|   |       |  | ible for the homeowners' exemption or twenty thousand dollars (\$20,000)   |  |  |  |
|   |       | operty is not eligible for the homeowners' exemption if that fall<br>shall be collected like any other delinquent property taxes, an | i <mark>lu</mark> re to file was not wi <mark>llf</mark> ul. This pe <mark>na</mark> lty will be added to the assessment of the same penalties for nonpayment. |  |  |  |
|   |       |  | icate 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 solely between husband and wife,   |  |  |  |
| 2   |       | Land Sales Contract. A contract for the purchase of property   | addition of a spouse, divorce settlement, etc.?  |  |  |  |
| ۷.  | ш     | in which the seller retains legal title to it after the buyer takes  | 14. Was this transaction only a correction of the  |  |  |  |
|   |       | possession.  | name(s) of persons or entities holding title to  |  |  |  |
| 2   |       | Inheritance. Transfer by will or intestate succession.   | the property?  |  |  |  |
| ٥.  | ш     | 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?   |  |  |  |
|   |       |  | 16. Was this transaction the termination of a joint  |  |  |  |
| 4.  | Ш     | <b>Trade or exchange.</b> The above described property has been traded or exchanged for other real property or tangible personal     | tenancy interest?  |  |  |  |
|   |       | property.  | 17. Was this transfer between family members or  |  |  |  |
| _   |       |  | related businesses?  |  |  |  |
| 5.  | Ш     | Merger or stock acquisition.   | 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 <b>yes</b> , indicate the percentage  | document? Yes No   |  |  |  |
|   |       | transferred %.   | 19. Was this document recorded to create, assign,  |  |  |  |
| 7.  |       | Foreclosure or trustee sale.   | or terminate a lender's interest in this property?   |  |  |  |
| ۲.  |       | 1 oronodate of trustee suit.   |  |  |  |  |
| 8.  |       | Gift.  | 20. Has this property been transferred to a trust? ☐ Yes ☐ No If <b>yes</b> , is the trust: ☐ Revocable ☐ Irrevocable  |  |  |  |
|   |       |  |  |  |  |  |
| 9.  | Ш     | Life estate.   | 21. If the trust is irrevocable, is the transferor or the  |  |  |  |
| 10.   |       | Reconveyance (pay-off).  | transferor's spouse the sole present beneficiary?  |  |  |  |
| 10.   |       | recontrogance (pay-on).  | 22. Does this property revert to the transferor in   |  |  |  |
| 11.   |       | Creation or assignment of a lease:   | 12 years or less? (Clifford Trust)   |  |  |  |
|   |       | (date)   | If you answered no to 21 or 22, attach a copy of the trust   |  |  |  |
| 12.   |       | Termination of a lease:  | agreement.   |  |  |  |
|   |       | (date)   | (Please complete the reverse side.)  |  |  |  |

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



| В.                 | PROPERTY INFORMATION (Complete each item as it appl   | lies to this transaction.)   |             |
|--------------------|---|--|-------------|
| 1.                 | Seller's name and address:  |  |             |
| 2.                 | Field name: Lease name  | e: Parcel number:  |             |
| 3.                 | Date sales agreement or letter of intent signed:  | Effective transfer date:   |             |
| 4.                 | Closing date: Recor   | rding document: Number: Date:  |             |
| 5.                 | Name, address and phone number of person with purchasing relative to the transaction:   | g firm who is familiar with the transaction and would be available to answer   | questions   |
| 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:   | Other working interest owners & percentages:   |             |
| 8.                 | Number of wells: Producing Injectio   | on All idle Other  |             |
| 9.                 | Productive acres in the parcel:   | Total acres in the parcel:   |             |
| 10.                | Production rates at acquisition: Oil  |  | b/d         |
|                    | Price received for oil and gas at acquisition: Oil  | \$/b Gas   | \$/mcf      |
|                    | Oil gravity:API Gas:  |  | ft          |
|                    | Proved reserves: Developed: Oil   | bbl Gas  | mcf         |
|                    | Undeveloped: Oil —  |  | mcf         |
| 14.                |   | analyses made to assist in establishing a purchase price?  |             |
| 15.<br><b>C</b> .  | most relied upon in establishing the purchase price.  b. If no, please explain in Section D how the purchase price.  Please enclose a copy of the following:  a. The sales agreement or contract including all exhibits and agreements.  b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately.  c. The allocation to your company books of the total acquisite purchase price or transfer amount information.  Terms: Total purchase price: | d amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such as the second of the s | ich as Ioan |
|                    | . ,   | Amount(s): Interest rate(s):   |             |
|                    | Source(s) of financing (bank, seller, etc.):  |  |             |
| D.                 | Purchase price allocated to: Fixed plant & equipment:   | Moveable equipmentabout the sale or transfer which should be called to the attention of the Ass  | essor.)     |
|                    |   | CERTIFICATION  |             |
| Pari<br>Cor<br>Oth | nership including any accompanying statement declaration is binding on each and er  |  |             |
| NAM                | E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)  | TITLE  |             |
| SIGN               | ATURE OF ASSESSEE OR AUTHORIZED AGENT   | DATE   |             |
| NAM                | E OF ENTITY (typed or printed)  | FEDERAL EMPLOYER ID NUMBER   |             |
| PRE                | PARER'S NAME AND ADDRESS (typed or printed)   | TITLE  |             |
| DAY (              | TIME TELEPHONE NUMBER E-MAIL ADDRESS  |  |             |

