## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:



## Kathy Scriven Sutter County Assessor 1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
SELLER/TRANSFEROR	Assessor's Identification Number:
	MB PG PCL
MAILING ADDRESS	Phone Numbers:
FIELD	Buyer: () Seller: Twp: Rng:
assessed by the county assessor, to file a Change in Ownership State Statement must be filed at the time of recording or, if the transfer is no that where the change in ownership has occurred by reason of death the estate is probated, shall be filed at the time the inventory and app 90 days from the date of a written request by the Assessor results in a taxes applicable to the new base year value reflecting the change in ow but not to exceed five thousand dollars (\$5,000) if the property is eligi	ty or manufactured home subject to local property taxation, and that is ement with the County Recorder or Assessor. The Change in Ownership of recorded, within 90 days of the date of the change in ownership, except in the statement shall be filed within 150 days after the date of death or, 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 whership of the real property or manufactured home, whichever is greate tible for the homeowners' exemption or twenty thousand dollars (\$20,000 illure to file was not willful. This penalty will be added to the assessmer
A. TRANSFER INFORMATION (Check the appropriate boxes to indi	icate the method by which you acquired an interest in the property.) 13. Was this transfer/addition solely between spouses
<ol> <li>Purchase (complete Sections B and C on the reverse side).</li> <li>Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.</li> </ol>	<ul> <li>13. Was this transler/addition solely between spouses or registered domestic partners, divorce settlement, Yes N etc.?</li> <li>14. Was this transaction only a correction of the name(s) of persons or entities holding title? Yes N</li> </ul>
3. Inheritance. Transfer by will or intestate succession.	15. If you hold title to this property as a joint tenant,
Date of death	is the seller or transferor also a joint tenant?
<ul> <li>4. Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal</li> </ul>	16. Was this transaction the termination of a joint tenancy interest?
property.     5.      Merger or stock acquisition.	17. Was this transfer between family members or related businesses?
<ol> <li>Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage transferred%.</li> </ol>	<ul> <li>18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?</li> <li>Yes N</li> </ul>
<ul> <li>7. Foreclosure or trustee sale.</li> </ul>	19. Was this document recorded to create, assign, or terminate a lender's interest in this property? □ Yes □ N
8. 🗌 Gift.	20. Has this property been transferred to a trust? Yes N If <b>yes</b> , is the trust: Revocable Irrevocable
9. Life estate.	21. If the trust is irrevocable, is the transferor or the

21. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?

22.	Does this property revert to the transferor in		
	12 years or less? (Clifford Trust)	Yes	s 🗌 No

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

Yes No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

## EF-502-G-R06-0516-51000131-2 BOE-502-G (P2) REV. 6 (05-16)

## B. **PROPERTY INFORMATION** (Complete each item as it applies to this transaction.)

1.	Seller's name and address:						
2.	Field name:	Lease name:		Parcel number:			
3.	Date sales agreement or lett	er of intent signed:		Effective transfer date:			
4.	Closing date:	Recording do	cument: Number:	Date:			
5.	Name, address and phone n relative to the transaction:		ho is familiar with	the transaction and would be available to answer question	3		
6.	. Name, address, and phone number of any consultants used in connection with the transaction:						
7.	<ul> <li>7. Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).</li> <li>Revenue interest: Working interest: Other working interest owners &amp; percentages:</li> </ul>						
8.	Number of wells: Producing	g Injection		All idle Other			
9.	Productive acres in the parce	el:	Total ac	cres in the parcel:			
10.	Production rates at acquisition	on: Oilb/d	Gas	mcf/d Waterb/d			
11.	Price received for oil and gas	s at acquisition: Oil		\$/b Gas\$/mcf			
12.	Oil gravity:	API Gas:	btu/mcf	f Average producing depth: f	t		
	Proved reserves: Deve			_bbl Gasn	۱Cf		
	Undev	eloped: Oil		_ bbl   Gas n	۱cf		
14.	Were appraisals, evaluations	s, cash flow projections or other analyse	s made to assist in	n establishing a purchase price? 🔲 Yes 🔲 No			
	a. If <b>yes</b> , please enclose co most relied upon in estab		sh flow projection	is or analyses. Please identify the analysis or appraisal			
15.	Please enclose a copy of the						
		_	Iments thereto, as	s well as other related agreements or contracts, such as loa	n		
	wells and related equipm	ent, separately.		f not included in item 15a. Please list each lease, including			
C.							
		9:		ish to seller:			
			Amount(s):	Interest rate(s):			
	Source(s) of financing (bank,	, seller, etc.):					
		Fixed plant & equipment:		Moveable equipment			
D. REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)							
					_		
		CERT	IFICATION				
Part	nership inclusion inclusica inclusica inclusica inclusica inclusica inclusica inclusio		cuments, is true, co	e State of California that the foregoing and all information here orrect and complete to the best of my knowledge and belief. <b>Ti</b> artner.			
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		TITLE			
SIGN	ATURE OF ASSESSEE OR AUTHORIZ	ZED AGENT		DATE			
NAM	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER			
PREI	PARER'S NAME AND ADDRESS (typed	l or printed)		TITLE			
DAY <sup>-</sup>		E-MAIL ADDRESS					
`	,						

