CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Shanna White County Clerk-Recorder-Assessor P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
	Buyer: ()
FIELD LEASE	Seller:
	Sec: Twp: Rng:
The law requires any transferee acquiring an interest in real property or r	
assessed by the county assessor, to file a Change in Ownership Statement	
Statement must be filed at the time of recording or, if the transfer is not reco	
that where the change in ownership has occurred by reason of death the s	
the estate is probated, shall be filed at the time the inventory and appraisal	is filed. The failure to file a Change in Ownership Statement within
90 days from the date of a written request by the Assessor results in a pena	Ity 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 ownersh	ip of the real property or manufactured home, whichever is greater,
but not to exceed five thousand dollars (\$5,000) if the property is eligible for	
if the property is not eligible for the homeowners' exemption if that failure to	

roll and shall be collected like any other delinquent property taxes, and be subject to the same penalties for nonpayment.

A. TRANSFER INFORMATION (Check the appropriate boxes to indicate 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.?	Yes	🗌 No
2		in which the seller retains legal title to it after the buyer takes possession.	14.	Was this transaction only a correction of the name(s) of persons or entities holding title to the property?	☐ Yes	🗌 No
3.		Inheritance. Transfer by will or intestate succession. Date of death	15.	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	🗌 Yes	🗌 No
4.		Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal		Was th <mark>is transaction</mark> the termination of a joint tenancy interest?	🗌 Yes	🗌 No
5.		property. Merger or stock acquisition.		Was this transfer between family members or related businesses?	☐ Yes	🗌 No
6.		Partial interest transfer. Was less than 100 percent of the property transferred? If yes , indicate the percentage transferred%.	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	🗌 Yes	🗌 No
7.		Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No
8.		Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes	🗌 No
9.		Life estate.	21.	If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?	🗌 Yes	🗌 No
10.		Reconveyance (pay-off).	22.	Does this property revert to the transferor in		
11.	\square	Creation or assignment of a lease:		12 years or less? (Clifford Trust)	🗌 Yes	L No
12.		(date)		If you answered no to 21 or 22, attach a copy of t agreement.	he trust	
	 (date)		(Please complete the reverse side.)			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R05-1111-53000378-2 BOE-502-G (P2) REV. 5 (11-11)

В.	PROPERTY INFORMATION	(Complete each item as it applies to this transaction.)
υ.		

1.	Seller's name and address: _									
2.	Field name:	Lease	name:	Parcel number:						
3.	Date sales agreement or lette	er of intent signed:		_ Effective transfer date:						
4.	Closing date:		Recording document: Number	r: 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 n	umber of any consultants	used in connection with the tr	ransaction:						
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	1 In	jection	All idle Other						
9.	Productive acres in the parce	əl:	Total a	acres in the parcel:						
10.	Production rates at acquisitio	ın: Oil	b/d Gas	mcf/d Water	b/d					
11.	Price received for oil and gas	at acquisition: Oil		\$/b_ Gas	_\$/mcf					
12.	Oil gravity:	API Gas:	btu/m	cf Average producing depth:	ft					
	Proved reserves: Deve				mcf					
	Undeve	eloped: Oil		bbl Gas	mcf					
14.				t in establishing a purchase price? Yes No						
15.	most relied upon in establ b. If no , please explain in Se Please enclose a copy of the a. The sales agreement or c agreements.	lishing the purchase price. ection D how the purchase following: contract including all exhibit	price was determined. ts and amendments thereto, a	ons or analyses. Please identify the analysis or apprai	h as loan					
C.	 b. A complete listing of all as wells and related equipme c. The allocation to your con PURCHASE PRICE OR TRA Terms: Total purchase price 	ent, separately. npany books of the total ac ANSFER AMOUNT INFOR	equisition price, by specific ite MATION	, if not included in item 15a. Please list each lease, ind ems. Cash to seller:	cluding					
				Interest rate(s):						
	Source(s) of financing (bank,		()							
	Purchase price allocated to:			Moveable equipment						
D.				fer which should be called to the attention of the Asse	ssor.)					
			CERTIFICATION							
	OWNERSHIP TYPE									
Prop Part	orietorship	uding any accompanying sta		the State of California that the foregoing and all informatic correct and complete to the best of my knowledge and b partner.						
NAM	E OF ASSESSEE OR AUTHORIZED AG	ENT (typed or printed)		TITLE						
SIGN	ATURE OF ASSESSEE OR AUTHORIZ			DATE						
NAM	E OF ENTITY (typed or printed)	FEDERAL EMPLOYER ID NUMBER								
PREF	PARER'S NAME AND ADDRESS (typed	or printed)		TITLE						
DAY1 (IME TELEPHONE NUMBER	E-MAIL ADDRESS		1						

