## 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/T	RANSFEREE	RECORDING DATA
MAILING	ADDRESS	Date Recorded:
		Document Number:      Assessor's Identification Number:
SELLER/	TRANSFEROR	MB PG PCL
	ADDRESS	Phone Numbers:
	ADDALOG	Buyer: ()
FIELD	LEASE	Seller:
		Sec: Twp: Rng:
		ty or manufactured home subject to local property taxation, and that is
		ement with the County Recorder or Assessor. The Change in Ownership
		ot recorded, within 90 days of the date of the change in ownership, except h the statement shall be filed within 150 days after the date of death or, if
the est	tate is probated, shall be filed at the time the inventory and appr	praisal 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 greater,
but no	t to exceed five thousand dollars (\$5,000) if the property is eligi	ible for the homeowners' exemption or twenty thousand dollars (\$20,000)
	property is not eligible for the homeowners' exemption if that fa d shall be collected like any other delinquent property taxes, an	ailure to file was not willful. This penalty will be added to the assessment
		licate 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 or registered domestic partners, divorce settlement, Yes No
2.	Land Sales Contract. A contract for the purchase of property	etc.?
	in which the seller retains legal title to it after the buyer takes possession.	14. Was this transaction only a correction of the
3.	Inheritance. Transfer by will or intestate succession.	name(s) of persons or entities holding title?
э. Ц	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.	] <b>Trade or exchange.</b> The above described property has been	16. Was this transaction 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?
6.	Partial interest transfer. Was less than 100 percent of the	<ol> <li>Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar</li> </ol>
0	property transferred? If <b>yes</b> , 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? $\Box$ Yes $\Box$ No
	1	20. Has this property been transferred to a trust?
8. 🗆	Gift.	If <b>yes</b> , is the trust:
9. 🗆	Life estate.	21. If the trust is irrevocable, is the transferor or the
		transferor's spouse or registered domestic $\Box$ Yes $\Box$ No
10.	Reconveyance (pay-off).	partner the sole present beneficiary?

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

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

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)



11. Creation or assignment of a lease:

12. Termination of a lease: \_

## EF-502-G-R06-0516-53000428-2 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 lette	er of intent signed:		Effective transfer date:			
4.	Closing date:	Recording do	cument: 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: Other working interest owners & percentages:						
8.	Number of wells: Producing	Injection	A	All idle Other			
9.	Productive acres in the parce	əl:	Total ac	pres in the parcel:			
10.	Production rates at acquisitio	on: Oilb/d	Gas	mcf/d Waterb/d			
11.	Price received for oil and gas	at acquisition: Oil		\$/b_Gas\$/mcf			
12.	Oil gravity:	API Gas:	btu/mcf	f Average producing depth:ft			
		eloped: Oil					
	Undeve	eloped: Oil		_ bbl Gasmcf			
14.			s made to assist in	n establishing a purchase price? 🔲 Yes 🔲 No			
15. <b>C.</b>	<ul> <li>a. If yes, please enclose copies of those appraisals, evaluations, cash flow projections or analyses. Please identify the analysis or appraisal most relied upon in establishing the purchase price.</li> <li>b. If no, please explain in Section D how the purchase price was determined.</li> <li>Please enclose a copy of the following: <ul> <li>a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loan agreements.</li> <li>b. A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, including wells and related equipment, separately.</li> <li>c. The allocation to your company books of the total acquisition price, by specific items.</li> </ul> </li> <li>PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION <ul> <li>Terms: Total purchase price:</li> <li>Production and/or conventional loan(s):</li> <li>Amount(s):</li> <li>Interest rate(s):</li> </ul> </li> </ul>						
D.	Source(s) of financing (bank, seller, etc.):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.)						
		CERT	IFICATION				
Part	nership inclusion inclusico inclusico inclusico inclusico inclusico inclusico inclusio	rtify (or declare) under penalty of perjury u	nder the laws of the ocuments, is true, co	e State of California that the foregoing and all information hereon, orrect and complete to the best of my knowledge and belief. <b>This</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	or printed)	TITLE				
DAY <sup>-</sup>	TIME TELEPHONE NUMBER	E-MAIL ADDRESS					

