CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Larie Durham Calaveras County Assessor 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356

No

No

No

No

No

No No

No

No

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	Seller:		
	Sec: Twp: Rng:		
The law requires any transferee acquiring an interest in real property or manufact assessed by the county assessor, to file a Change in Ownership Statement with the Statement must be filed at the time of recording or, if the transfer is not recorded, we that where the change in ownership has occurred by reason of death the statement the estate is probated, shall be filed at the time the inventory and appraisal is filed. 90 days from the date of a written request by the Assessor results in a penalty of ein taxes applicable to the new base year value reflecting the change in ownership of the but not to exceed five thousand dollars (\$5,000) if the property is eligible for the ho if the property is not eligible for the homeowners' exemption if that failure to file wa roll and shall be collected like any other delinquent property taxes, and be subject to	County Recorder or Assessor. The Change in Ownership ithin 90 days of the date of the change in ownership, except it shall be filed within 150 days after the date of death or, if The failure to file a Change in Ownership Statement within ther: (1) one hundred dollars (\$100); or (2) 10 percent of the e real property or manufactured home, whichever is greater, meowners' exemption or twenty thousand dollars (\$20,000) as not willful. This penalty will be added to the assessment to the same penalties for nonpayment.		
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the meth	od by which you acquired an interest in the property.)		
	is transfer/addition solely between spouses stered domestic partners, divorce settlement, Yes No		

12.	Termination of a lease:		If you answered no to 21 or 22, attach a copy of ta agreement.	he trust	
	Creation or assignment of a lease:	22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	
9. 10.	Life estate. Reconveyance (pay-off).	21.	If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?	☐ Yes	
8.	Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	🗌 Yes	
7.	transferred %. Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	
6.	Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	🗌 Yes	
4. 5.	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property. Merger or stock acquisition.	17.	tenancy interest? Was this transfer between family members or related businesses?	Yes Yes	_
3. [Date of death Relationship to deceased		If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant? Was this transaction the termination of a joint	Yes	
	in which the seller retains legal title to it after the buyer takes possession. Inheritance. Transfer by will or intestate succession.		Was this transaction only a correction of the name(s) of persons or entities holding title?	☐ Yes	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R06-0516-05000393-2 BOE-502-G (P2) REV. 6 (05-16)

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

	Seller's name and address:					
				Parcel number:		
	Date sales agreement or letter of intent signed:					
4.	Closing date:	Recording doc	ument: Number: _		Date:	
5.	Name, address and phone number of person wirelative to the transaction:	th purchasing firm who	o is familiar with th	ne transaction and would be	available to answer questions	
6.	Name, address, and phone number of any cons	ultants used in conner	ction with the trans	saction:		
7.	Interest acquired (please report decimal fraction	s out of total; e.g., 0.8	75 out of 1.000).			
	Revenue interest: Working) interest:	Other w	orking interest owners & pe	rcentages:	
				II idle		
	Productive acres in the parcel:			es in the parcel:		
10.	Production rates at acquisition: Oil	b/d G	as	mcf/d Water	b/d	
	Price received for oil and gas at acquisition: O Oil gravity: API Ga			_ \$/b Gas Average producing depth:	\$/mcf	
	Proved reserves: Developed: Oil	15.			mcf	
15.	Undeveloped: Oil				mcf	
14	Were appraisals, evaluations, cash flow projection					
15. C.	 a. If yes, please enclose copies of those appramost relied upon in establishing the purchase b. If no, please explain in Section D how the purchase please enclose a copy of the following: a. The sales agreement or contract including all agreements. b. A complete listing of all assets acquired and wells and related equipment, separately. c. The allocation to your company books of the PURCHASE PRICE OR TRANSFER AMOUNT Terms: Total purchase price:	e price. Irchase price was dete Il exhibits and amendre liabilities assumed in f total acquisition price INFORMATION	ermined. nents thereto, as w the acquisition, if r , by specific items Cas	well as other related agreen not included in item 15a. Ple h to seller:	nents or contracts, such as loan ease list each lease, including	
D.	Purchase price allocated to: Fixed plant & equ REMARKS (Please include below any additional			_ Moveable equipment which should be called to the called to th		
	OWNERSHIP TYPE	CERTI	FICATION			
Prop Part	orietorship I certify (or declare) und nership including any accompar poration declaration is binding	nying statements or doc	uments, is true, col	rrect and complete to the bes	regoing and all information hereon, t of my knowledge and belief. This	
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)			TITLE		
SIGN	ATURE OF ASSESSEE OR AUTHORIZED AGENT			DATE		
NAME OF ENTITY (typed or printed)					IPLOYER ID NUMBER	
PREF	PARER'S NAME AND ADDRESS (typed or printed)			TITLE		
DAY1 (IME TELEPHONE NUMBER E-MAIL ADDRESS					

