CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Shelly Scott

Assessor-Recorder-County Clerk County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

BUYER/TRANSFEREE	RECORDING DATA			
MAILING ADDRESS SELLER/TRANSFEROR	Date Recorded: Document Number: Assessor's Identification Number: MB PG PCL			
MAILING ADDRESS	Phone Numbers:			
FIELD	Buyer: () Seller:			
IMPORTANT NOTICE 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, wit 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 eith 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 hom if the property is not eligible for the homeowners' exemption if that failure to file was roll and shall be collected like any other delinquent property taxes, and be subject to	County Recorder or Assessor. The Change in Ownership thin 90 days of the date of the change in ownership, except shall be filed within 150 days after the date of death or, if The failure to file a Change in Ownership Statement within her: (1) one hundred dollars (\$100); or (2) 10 percent of the real property or manufactured home, whichever is greater, neowners' exemption or twenty thousand dollars (\$20,000) s not willful. This penalty will be added to the assessment			
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the method	od by which you acquired an interest in the property.)			
	s transfer/addition solely between spouses tered domestic partners, divorce settlement, Yes No			

	(date)		agreement.			
12.	Termination of a lease:		If you answered no to 21 or 22, attach a copy of t	swered no to 21 or 22, attach a copy of the trust		
11. 🗌	Creation or assignment of a lease: (date)	22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No	
10.	Reconveyance (pay-off).		transferor's spouse or registered domestic partner the sole present beneficiary?	∐ Yes	∐ No	
9.	Life estate.	21.	If the trust is irrevocable, is the transferor or the		□	
8.	Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	🗌 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	
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	
4.	 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.	Was this transaction the termination of a joint tenancy interest? Was this transfer between family members or related businesses?	YesYes	_	
3.	Inheritance. Transfer by will or intestate succession. 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?	☐ Yes	🗌 No	
2.	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.	14.	etc.? 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-R06-0516-21000116-2 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 le	etter of intent signed: _		Ef	fective transfer date:				
4.	Closing date:		Recording document	: 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	e number of any consu	Itants used in connection w	vith the transa	ction:				
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: Produc	ing	Injection	All	idle Other				
9.	Productive acres in the part	rcel:		Total acres	s in the parcel:				
10.	Production rates at acquisi	ition: Oil	b/d Gas		mcf/d Water	b/d			
11.	Price received for oil and g	as at acquisition: Oil			\$/b_ Gas	\$/mcf			
12.	Oil gravity:	API Gas	s:	btu/mcf /	Average producing depth:	ft			
				bt	ol Gas	mcf			
	Unde	eveloped: Oil		bł	ol Gas	mcf			
14.					stablishing a purchase price? 🗌 Yes				
15.	most relied upon in est b. If no , please explain in Please enclose a copy of t a. The sales agreement o	ablishing the purchase Section D how the pur he following:	price. chase price was determine	d.	r analyses. Please identify the analysis ell as other related agreements or cont				
	agreements.b. A complete listing of all wells and related equipc. The allocation to your of	ment, separately.			t included in item 15a. Please list each	h lease, including			
C.		PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION							
	Terms: Total purchase pr				to seller:				
				ount(s):	Interest rat	te(s):			
	Source(s) of financing (bar								
_	Purchase price allocated to				Moveable equipment				
D.	REMARKS (Please includ	e below any additional	information about the sale	or transfer wi	hich should be called to the attention o	of the Assessor.)			
			CEDTIEICA						
	OWNERSHIP TYPE		CERTIFICAT	ION					
Part	prietorship	ncluding any accompany		s, is true, corre	tate of California that the foregoing and a act and complete to the best of my knowle a er.				
	E OF ASSESSEE OR AUTHORIZED	AGENT (typed or printed)			TITLE				
	IATURE OF ASSESSEE OR AUTHO	RIZED AGENT			DATE				
NAM	E OF ENTITY (typed or printed)				FEDERAL EMPLOYER ID NU	MBER			
PREI	PARER'S NAME AND ADDRESS (typ	ped or printed)			TITLE				
DAYT	TIME TELEPHONE NUMBER	E-MAIL ADDRESS			1				



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