EF-502-G-R06-0516-31000105-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT





Matthew R. Maynard **Placer County Assessor**

2980 Richardson Dr Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

File this	statement by:	

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:
IMPORTANT NOTICE	
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 not 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 approperation of 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 own but not to exceed five thousand dollars (\$5,000) if the property is eligible.	y or manufactured home subject to local property taxation, and that is ment with the County Recorder or Assessor. The Change in Ownership trecorded, within 90 days of the date of the change in ownership, except the statement shall be filed within 150 days after the date of death or, if aisal is filed. The failure to file a Change in Ownership Statement within penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the nership of the real property or manufactured home, whichever is greater, be for the homeowners' exemption or twenty thousand dollars (\$20,000) lure to file was not willful. This penalty will be added to the assessment d be subject to the same penalties for nonpayment.
A. TRANSFER INFORMATION (Check the appropriate boxes to indic	
1. Purchase (complete Sections B and C on the reverse side).	13. Was this transfer/addition solely between spouses
2. Land Sales Contract. A contract for the purchase of property	or registered domestic partners, divorce settlement,
in which the seller retai <mark>ns</mark> legal title <mark>to</mark> it a <mark>fte</mark> r the buyer <mark>tak</mark> es	14. Was this transaction only a correction of the
possession.	name(s) of persons or entities holding title?
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?
Relationship to deceased	16. Was this transaction the termination of a joint
4. Trade or exchange. The above described property has been	tenancy interest?
traded or exchanged for other real property or tangible personal property.	17. Was this transfer between family members or
	related businesses?
5. Merger or stock acquisition.	18. Was this document recorded to substitute a trustee
6. Partial interest transfer. Was less than 100 percent of the	under a deed of trust, mortgage, or other similar
property transferred? If yes, 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? $\ \square$ Yes $\ \square$ No
. 🗆	20. Has this property been transferred to a trust?
8. Gift.	If yes , is the trust: Revocable Irrevocable
9. Life estate.	21. If the trust is irrevocable, is the transferor or the
	transferor's spouse or registered domestic $\hfill \hfill \hfill$
10. Reconveyance (pay-off).	partner the sole present beneficiary?
11. Creation or assignment of a lease:	22. Does this property revert to the transferor in
(date)	12 years or less? (Clifford Trust)
12. Termination of a lease:	If you answered no to 21 or 22, attach a copy of the trust
. (date)	agreement.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)					
1.	Seller's name and address:					
2.	eld name: Parcel number:		Parcel number:			
3.	Date sales agreement or letter of intent signed:	e sales agreement or letter of intent signed: Effective transfer date:				
4.	Closing date: Reco	ding 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 number of any consultants used	in connection with the transaction:				
7.	erest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).					
	Revenue interest: Working interest:		est owners & percentages:			
8.	Number of wells: Producing Injection	on All idle	Other			
		Total acres in the pa	rcel:			
	Production rates at acquisition: Oil					
	Price received for oil and gas at acquisition: Oil	\$/b Gas				
	Oil gravity: API Gas:	btu/mcf Average p	reducing depth: ft			
	Proved reserves: Developed: Oil	bbl Gas_	mcf			
	Undeveloped: Oil		mcf			
14.	Were appraisals, evaluations, cash flow projections or other					
	 a. If yes, please enclose copies of those appraisals, evalua most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. 	tions, cash flow projections or analyses				
15.	Please enclose a copy of the following:					
	a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loan					
	agreements.					
	 b. A complete listing of all assets acquired and liabilities assets and related equipment, separately. 		in item 15a. Please list each lease, including			
_	c. The allocation to your company books of the total acquising PURCHASE PRICE OR TRANSFER AMOUNT INFORMAT					
C.	Terms: Total purchase price:					
	Production and/or conventional loan(s):		Interest rate(s):			
	Source(s) of financing (bank, seller, etc.):					
D.		e allocated to: Fixed plant & equipment: Moveable equipment Moveable equipment lease include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)				
		CERTIFICATION				
Par Cor	SHELOISHID -	nts or documents, is true, correct and con	fornia that the foregoing and all information hereon, nplete to the best of my knowledge and belief. This			
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE				
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE				
NIAL	C OF CALLTY (4-mad as printed)	EEDEDAL EMPLOYED IS NUMBER				
NAIV	E OF ENTITY (typed or printed)	FEDERAL EMPLOYER ID NUMBER				
PRE	PARER'S NAME AND ADDRESS (typed or printed)	TITLE				
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS					
/	E-WAIL ADDRESS					

