EF-502-G-R05-1111-53000348-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT

OIL AND GAS PROPERTY

File this statement by:

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398

assessor@trinitycounty.org

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

(Please complete the reverse side.)

Deanna L. Bradford

County Clerk-Recorder-Assessor

BUYER/TRANSFEREE				RECORDING DATA		
				Date Recorded:		
MAILIN	G AI	DDRESS		Document Number:		
				Assessor's Identification Number:		
SELLEF	R/TR	RANSFEROR		MB PG	PCL	
MAILIN	G AI	DDRESS		Phone Numbers:		
				Buyer: ()		
FIELD		LEASE		Seller:		
IMP	O	RTANT NOTICE		Sec: R	lng:	
The la	aw	requires any transferee acquiring an interest in real propert				
		d by the county assessor, to file a Change in Ownership State				
		nt must be filed at the time of recording or, if the transfer is no are the change in ownership has occurred by reason of death				
		te is probated, shall be filed at the time the inventory and appr				
		from the date of a written request by the Assessor results in a				
taxes	ар	plicable to the new base year value reflecting the change in ow	nersh	ip of the real property or manufactured home, whi	chever is	greater
		to exceed five thousand dollars (\$5,000) if the property is eligi				
		operty is not eligible for the hom <mark>eowners' e</mark> xemption <mark>if that</mark> fai shall be collecte <mark>d like any other delinquent prope</mark> rty taxes, an			o the asse	essmen
						. \
A . 1	K/	ANSFER INFORMATION (Check the appropriate boxes to indi	cate ti	ne method by which you acquired an interest in th	e property.	.)
1.		Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer solely between husband and wife,		П.,
2.		Land Sales Contract. A contract for the purchase of property		addition of a spouse, divorce settlement, etc.?	☐ Yes	∐ No
		in which the seller retains legal title to it after the buyer takes	14.	Was this transaction only a correction of the		
		possession.		name(s) of persons or entities holding title to the property?	Yes	□ No
3. [Inheritance. Transfer by will or intestate succession.				
		Date of death	1 5.	If you hold title to this property as a joint tenant,		□
		Relationship to deceased		is the seller or transferor also a joint tenant?	☐ Yes	∐ No
4. [Trade or exchange. 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?	☐ Yes	∐ No
		property.	17.	Was this transfer between family members or		
5. [Merger or stock acquisition.		related businesses?	Yes	☐ No
0. L		merger or stock adquisition.	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?	Yes	☐ No
		transferred %.	19.	Was this document recorded to create, assign,		
7.		Foreclosure or trustee sale.		or terminate a lender's interest in this property?	Yes	☐ No
_	_		20	Has this property been transferred to a trust?	☐ Yes	□ No
8.		Gift.	20.	If yes , is the trust: Revocable Irrevocable		
	_	146	0.1			
9. L		Life estate.	21.	If the trust is irrevocable, is the transferor or the	☐ Yes	□ No
10. [Reconveyance (pay-off).		transferor's spouse the sole present beneficiary?	∟ res	INO
			22.	Does this property revert to the transferor in		
11. [Creation or assignment of a lease:		12 years or less? (Clifford Trust)	Yes	∐ No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(date)



12. Termination of a lease:

В.	PROPERTY INFORMATION (Complete each item as it appl	lies to this transaction.)				
1.	Seller's name and address:					
2.	Field name: Lease name	e: Parcel number:				
3.	Date sales agreement or letter of intent signed:	Effective transfer date:				
4.	Closing date: Recor	rding document: Number: Date:				
5.	Name, address and phone number of person with purchasing relative to the transaction:	g firm who is familiar with the transaction and would be available to answer	questions			
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 Injectio	on All idle Other				
9.	Productive acres in the parcel:	Total acres in the parcel:				
10.	Production rates at acquisition: Oil		b/d			
	Price received for oil and gas at acquisition: Oil	\$/b Gas	\$/mcf			
	Oil gravity:API Gas:		ft			
	Proved reserves: Developed: Oil	bbl Gas	mcf			
	Undeveloped: Oil —		mcf			
14.		analyses made to assist in establishing a purchase price?				
15. C .	most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. Please enclose a copy of the following: a. The sales agreement or contract including all exhibits and agreements. b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. c. The allocation to your company books of the total acquisite purchase price or transfer amount information. Terms: Total purchase price:	d amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such as the second of the s	ich as Ioan			
	. ,	Amount(s): Interest rate(s):				
	Source(s) of financing (bank, seller, etc.):					
D.	Purchase price allocated to: Fixed plant & equipment:	Moveable equipmentabout the sale or transfer which should be called to the attention of the Ass				
		CERTIFICATION				
Pari Cor Oth	nership including any accompanying statement declaration is binding on each and er					
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE				
SIGN	ATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE				
NAM	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					

