EF-502-G-R05-1111-53000367-1 BOE-502-G (P1) REV. 5 (11-11)

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

(Please complete the reverse side.)

BUYER/TRANSFEREE				RECORDING DATA		
				Date Recorded:		
MAIL	ING A	DDRESS		Document Number:		
QEI I	ED/TE	RANSFEROR		Assessor's Identification Number	er:	
SELL	ER/IF	KANSPEROK		MB P	G PCL	
MAIL	ING A	DDRESS		Phone Numbers:		
				Buyer: ()		
FIELI	D	LEASE		Seller:	Λ	
				Sec: Twp:	Rng:	
		RTANT NOTICE				
		requires any transferee acquiring an interest in real proper to by the county assessor, to file a Change in Ownership State				
		ent must be filed at the time of recording or, if the transfer is no				
that	whe	ere the change in ownership has occurred by reason of death	the statem	ent shall be filed within 150 days afte	er the date of death or, if	
		te is probated, shall be filed at the time the inventory and app				
		from the date of a written request by the Assesso <mark>r re</mark> sults in a pplicable to the new base year value reflecting the change in ow				
		to exceed five thousand dollars (\$5,000) if the property is eligi				
		operty is not eligible for the homeowners' exemption if that fa				
roll		shall be collected like any other delinquent property taxes, ar			_	
A.	TR	ANSFER INFORMATION (Check the appropriate boxes to indi	icate the me	ethod by <mark>which you acquired an inte</mark> re:	st in the property.)	
1.		Purchase (complete Sections B and C on the reverse side).	13. Was	this transfer solely between husband an	d wife,	
_		Level Online Contract Appropriate Contract Contr	addi	tion of a spouse, divorce settlement, etc.	? Yes No	
2.	Ш	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes	14. Was	this transaction only a correction of the		
		possession.		e(s) of persons or entities holding title to		
			the p	property?	☐ Yes ☐ No	
3.	Ш	Inheritance. Transfer by will or intestate succession.	15. If vo	u hold title to this property as a joint tena	nt.	
		Date of death	-	e seller or transferor also a joint tenant?	Yes No	
	_	Relationship to deceased	16 \\/\00	this transaction the termination of a joint	•	
4.		Trade or exchange. The above described property has been		this transaction the termination of a joint ncy interest?	ι □ Yes □ No	
		traded or exchanged for other real property or tangible personal				
		property.		this transfer between family members o		
5.		Merger or stock acquisition.	relat	ed businesses?	☐ Yes ☐ No	
				this document recorded to substitute a t		
6.	Ш	Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage		er a deed of trust, mortgage, or other sim		
		transferred %.	doct	iment?	☐ Yes ☐ No	
				this document recorded to create, assig		
7.	Ш	Foreclosure or trustee sale.	or te	rminate a lender's interest in this propert	ty?	
			20. Has	this property been transferred to a trust?	Yes No	
8.		Gift.		es, is the trust: Revocable Irrev		
9.	П	Life estate.	21 If the	e trust is irrevocable, is the transferor or t	the.	
٥.		Life estate.		sferor's spouse the sole present beneficia		
10.		Reconveyance (pay-off).				
				s this property revert to the transferor in	☐ Yes ☐ No	
11.		Creation or assignment of a lease:	_	ears or less? (Clifford Trust)		
		(date)	-	ou answered no to 21 or 22, attach a c	opy of the trust	
12.		Termination of a lease:	agre	eement.		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)



EF-502-G-R05-1111-5300036

B.	PROPERTY INFORMATION (Complete each item as it appl	es to this transaction.)			
1.	Seller's name and address:				
2.	Field name: Lease name	: Parcel number:			
3.	Date sales agreement or letter of intent signed:	Effective transfer date:			
4.	Closing date: Recor	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.	Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).				
		Other working interest owners & percentages:			
8.	Number of wells: Producing Injection	n All idle Other			
		Total acres in the parcel:			
10.		b/d Gasb/d			
	Price received for oil and gas at acquisition: Oil	\$/b Gas \$/mcf			
	Oil gravity: API Gas:	btu/mcf Average producing depth:ft			
	Proved reserves: Developed: Oil				
	Undeveloped: Oil				
14.		analyses made to assist in establishing a purchase price?			
		ons, cash flow projections or analyses. Please identify the analysis or appraisal			
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 $% \left\{ 1,2,\ldots ,n\right\}$			
	agreements.				
	 A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. 	umed in the acquisition, if not included in item 15a. Please list each lease, including			
	c. The allocation to your company books of the total acquisition price, by specific items.				
C.	PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION				
	Terms: Total purchase price:	Cash to seller:			
	Production and/or conventional loan(s):	Amount(s): Interest rate(s):			
	Source(s) of financing (bank, seller, etc.):				
	Purchase price allocated to: Fixed plant & equipment:	Moveable equipment			
D.	REMARKS (Please include below any additional information	about the sale or tran <mark>sfer which s</mark> hould be called to the attention of the Assessor.)			
		CERTIFICATION			
Par	including any accompanying statement declaration is binding on each and	nerjury under the laws of the State of California that the foregoing and all information hereon, ats or documents, is true, correct and complete to the best of my knowledge and belief. This every co-owner and/or partner.			
_	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE			
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE			
NIANA	E OF ENTITY (hand as printed)	FEDERAL EMPLOYED ID MUMDER			
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				

