EF-502-G-R06-0516-53000148-1 BOE-502-G (P1) REV. 6 (05-16)

## **CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY**

County Clerk-Recorder-Assessor P.O. Box 1255

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

**Shanna White** 

File this statement by:

BULLER/TRANSFEROR     Date Recorded:   Document Number:   Assessor's Identification Number:   MB		
Document Number: Assessor's Identification Number: MB PG PCL  MALINFA ADDRESS    Phone Numbers:   Buyer:	BUYER/TRANSFEREE	RECORDING DATA
SELECTRANSFEROR   Section   Sectio	MAILING ADDRESS	
MALINING ADDRESS   Phone Numbers:   Phone Numbers:   Buyer.		
MILINGADDRESS   Phone Numbers:   Buyer:	SELLER/TRANSFEROR	
IMPORTANT NOTICE  The law requires any transfere acquiring an interest in real property or manufactured home subject to local property taxation, and that is assessed by the county assessor, to the a Charge in Ownership Statement with the County Recorder or Assessor. The Charge in Ownership Statement must be filled at the time of recording or, if the transfer is not recorded, within 90 days of the date of the change in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership of the transfer is not recorded, within 90 days from the date of a written request by the Assessor results in a penalty of titler (a) on hundred dailars (\$20,000) if the property is cligible for on hundred dailars (\$20,000) if the property is cligible for the homewore exceed five thousand collars (\$20,000) if the property is cligible for both of the control of the property is only the property is cligible for the homewore exceeding the property will be deaded to the assessment only and the property will be deaded to the assessment only and the property will be deaded to the assessment only and the property will be deaded to the assessment only and the property will be deaded to the assessment only and the property will be deaded to the assessment on the recipient of the property and the property will be deaded to the assessment on the recipient of the property will be deaded to the assessment on the recipient of the property and the prope		
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Relationship to deceased	3. Inheritance. Transfer by will or intestate succession.	That I do not not all a second of the second
4.		
tenancy interest?   yes   No property    Merger or stock acquisition.   18. Was this transfer between family members or related businesses?   17. Was this transfer between family members or related businesses?   No    18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?   yes   No    18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?   yes   No    19. Was this document recorded to create, assign, or terminate a lender's interest in this property?   yes   No    19. Was this property been transferred to a trust?   yes   No    19. Life estate.   20. Has this property been transferred to a trust?   yes   No    10. Reconveyance (pay-off).   21. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic   yes   No    10. Reconveyance (pay-off).   22. Does this property revert to the transferor in   12 years or less? (Clifford Trust)   yes   No    11. Termination of a lease:   22. If you answered no to 21 or 22, attach a copy of the trust	Relationship to deceased	·
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6. Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage transferred	5. Merger or stock acquisition.	
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7. Foreclosure or trustee sale.  8. Gift.  9. Life estate.  19. Was this document recorded to create, assign, or terminate a lender's interest in this property?  10. Has this property been transferred to a trust?  11. Revocable Irrevocable  12. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?  11. Creation or assignment of a lease:  12. Does this property revert to the transferor in 12 years or less? (Clifford Trust)  12. Termination of a lease:  15. Was this document recorded to create, assign, or terminate a lender's interest in this property?  16. No  17. If the trust is irrevocable in trust?  18. Ves No  19. Ves No  10. If you answered no to 21 or 22, attach a copy of the trust	·	
or terminate a lender's interest in this property? Yes No  8. Gift.  9. Life estate.  10. Reconveyance (pay-off).  11. Creation or assignment of a lease:  12. Termination of a lease:  13. If the trust is irrevocable, is the transferor or the transferor in 12 years or less? (Clifford Trust)  14. Termination of a lease:  15. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?  16. Does this property revert to the transferor in 12 years or less? (Clifford Trust)  17. If you answered no to 21 or 22, attach a copy of the trust	transferred %.	10. Was this document recorded to create assign
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12 years or less? (Clifford Trust) Yes No  12. Termination of a lease: Yes No		
12. Termination of a lease: If you answered no to 21 or 22, attach a copy of the trust	-	
if you unowered no to 21 or 22, attach a copy of the dust		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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. <b>C</b> .	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	essor.)
		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		

