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

BUYER/	TRANSFEREE	RECORDING DATA
		Date Recorded:
MAILING	ADDRESS	Document Number:
	TRANSFEROR	Assessor's Identification Number:
SELLER	TRANSPEROR	MB PG PCL
MAILING	ADDRESS	Phone Numbers:
		Buyer: ()
FIELD	LEASE	
		Seller:
IMP		Sec: Twp: Rng:
The la	w requires any transferee acquiring an interest in real property	y or manufactured home subject to local property taxation, and that is
		ment with the County Recorder or Assessor. The Change in Ownership
		t recorded, 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
		raisal is filed. The failure to file a Change in Ownership Statement within
90 day	rs from the date of a written request by the Assessor results in a	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,
		ble for the homeowners' exemption or twenty thousand dollars (\$20,000) ilure to file was not willful. This penalty will be added to the assessment
	d shall be collected like any other delinquent property taxes, and	
Α. Τ	RANSFER INFORMATION (Check the appropriate boxes to indic	cate the method by which you acquired an interest in the property.)
1. [Purchase (complete Sections <i>B</i> and <i>C</i> on the reverse side).	13. Was this transfer/addition solely between spouses
~ Г		or registered domestic partners, divorce settlement, 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	etc.?
	possession.	14. Was this transaction only a correction of the
- L		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 Relationship to deceased	is the seller or transferor also a joint tenant?
_		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.	
_	property.	17. Was this transfer between family members or related businesses?
5. L	Merger or stock acquisition.	
<u>а</u> Г		18. Was this document recorded to substitute a trustee
6. L	Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	under a deed of trust, mortgage, or other similar document?
	transferred %.	document?
_		19. Was this document recorded to create, assign,
7. L	Foreclosure or trustee sale.	or terminate a lender's interest in this property?
~ _	7	20. Has this property been transferred to a trust?
8. L	」 Gift.	If yes , is the trust: Revocable Irrevocable
9.	Life estate.	21. If the trust is irrevocable, is the transferor or the
0. ∟		transferor's spouse or registered domestic
10. 🗌	Reconveyance (pay-off).	partner the sole present beneficiary?
_		
11. L	Creation or assignment of a lease:	22. Does this property revert to the transferor in

22. Does this property revert to the transferor in		
12 years or less? (Clifford Trust)	🗌 Yes 🗌 No	

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

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)



12. Termination of a lease: _

EF-502-G-R06-0516-53000085-2 BOE-502-G (P2) REV. 6 (05-16)

B. **PROPERTY INFORMATION** (Complete each item as it applies to this transaction.)

3. D 4. C	Date sales agreement or letter of intent si	igned:	Parcel number: _ Effective transfer date:		
4. C	Closing date:	•	Effective transfer date:		
	•				
	•	Recording document: Numbe	r: Date:		
		•	h the transaction and would be available to answer questions		
6. N	lame, address, and phone number of an	y consultants used in connection with the tr	ansaction:		
7. Ir	nterest acquired (please report decimal fi	fractions out of total; e.g., 0.875 out of 1.000)).		
			r working interest owners & percentages:		
8. N	lumber of wells: Producing		All idle Other		
	Productive acres in the parcel:		acres in the parcel:		
10. P	roduction rates at acqui <mark>siti</mark> on: Oil	b/d Gas	mcf/d Waterb/d		
	rice received for oil an <mark>d g</mark> as at ac <mark>qu</mark> isitic		\$/b_ Gas\$/mcf		
12. O	Dil gravity: A	NPI Gas: btu/m	cf Average producing depth: ft		
		il	bbl Gasmcf		
	Undeveloped: Oi	il	bbl Gasmcf		
14. W			in establishing a purchase price? 🔲 Yes 🔲 No		
b. 15. Pl a. b. c. C. P l Te	 a. If yes, please enclose copies of those appraisals, evaluations, cash flow projections or analyses. Please identify the analysis or appraisal most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price was determined. 5. 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 assumed in the acquisition, if not included in item 15a. Please list each lease, including wells and related equipment, separately. c. The allocation to your company books of the total acquisition price, by specific items. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION Terms: Total purchase price: Cash to seller: 				
P	roduction and/or conventional loan(s): _	Amount(s): _	Interest rate(s):		
S	ource(s) of financing (bank, seller, etc.):				
	Purchase price allocated to: Fixed plant EMARKS (<i>Please include below any ad</i>		Moveable equipment		
		CERTIFICATION			
	rship including any acc ration declaration is but	re) under penalty of perjury under the laws of t	he State of California that the foregoing and all information hereon, correct and complete to the best of my knowledge and belief. This partner.		
	DF ASSESSEE OR AUTHORIZED AGENT (typed or p	printed)	TITLE		
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT			DATE		
NAME OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER		
PREPAR	RER'S NAME AND ADDRESS (typed or printed)		TITLE		
DAYTIME (E TELEPHONE NUMBER E-MAIL ADDRI	ESS			

