CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Stephen S. Duckels Yuba County Assessor 915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
FIELD	Buyer: () Seller: ()
IMPORTANT NOTICE	Sec: Twp: Rng:
The law requires any transferee acquiring an interest in real property or manufactur assessed by the county assessor, to file a Change in Ownership Statement with the Statement must be filed at the time of recording or, if the transfer is not recorded, with that where the change in ownership has occurred by reason of death the statement the estate is probated, shall be filed at the time the inventory and appraisal is filed. I 90 days from the date of a written request by the Assessor results in a penalty of eith taxes applicable to the new base year value reflecting the change in ownership of the is but not to exceed five thousand dollars (\$5,000) if the property is eligible for the home if the property is not eligible for the homeowners' exemption if that failure to file was roll and shall be collected like any other delinquent property taxes, and be subject to	County Recorder or Assessor. The Change in Ownership hin 90 days of the date of the change in ownership, except shall be filed within 150 days after the date of death or, if The failure to file a Change in Ownership Statement within her: (1) one hundred dollars (\$100); or (2) 10 percent of the real property or manufactured home, whichever is greater, neowners' exemption or twenty thousand dollars (\$20,000) in ot willful. This penalty will be added to the assessment
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the metho	d by which you acquired an interest in the property.)
 2. Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes 	transfer/addition solely between spouses ered domestic partners, divorce settlement, Yes No

3.	Inheritance. Transf	er by	will or ir	ites	state	suc	ccession.
	Date of death						
	Relationship to dece	ase	d				

4.	Trade or exchange. The above described	pro	perty has	s be	een	
	traded or exchanged for other real property	or	tangible	pei	rsona	a
	property.					

- 5. Merger or stock acquisition.
- 6. **Partial interest transfer.** Was less than 100 percent of the property transferred? If **yes**, indicate the percentage transferred ______%.
- 7. Foreclosure or trustee sale.
- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

(date)

(date)

16. Was this transaction the termination of a joint 🗌 Yes 🗌 No tenancy interest? Was this transfer between family members or 17 🗌 Yes 🗌 No related businesses? 18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar Yes No document? 19. Was this document recorded to create, assign, Yes No or terminate a lender's interest in this property? 🗌 Yes 🗌 No 20. Has this property been transferred to a trust? If yes, is the trust: Revocable Irrevocable 21. If the trust is irrevocable, is the transferor or the 🗌 Yes 🗌 No transferor's spouse or registered domestic partner the sole present beneficiary? 22. Does this property revert to the transferor in 🗌 Yes 🗌 No 12 years or less? (Clifford Trust)

name(s) of persons or entities holding title?15. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?

Yes No

🗌 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



EF-502-G-R06-0516-58000202-2 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	 most relied upon in establishing the puicture. If no, please explain in Section D how please enclose a copy of the following: The sales agreement or contract incluing agreements. A complete listing of all assets acquire wells and related equipment, separate the allocation to your company books purchase price OR TRANSFER AM terms: Total purchase price: 	urchase price. y the purchase price was determined. adding all exhibits and amendments thereto, a ed and liabilities assumed in the acquisition, ely. s of the total acquisition price, by specific ite IOUNT INFORMATION	ash 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
SIGNATU	URE 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	

