EF-502-G-R06-0516-53000238-1 BOE-502-G (P1) REV. 6 (05-16)

File this statement by:

CHANGE IN OWNERSHIP STATEMENT



Shanna White County Clerk-Recorder-Assessor

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

OIL AND GAS PROPERTY	

BI IVED/TE	RANSFEREE		RECORDING DATA	
טטובא/ ۱۱	VANOI LIVEE		Date Recorded:	
MAILING A	ADDRESS		Document Number:	
			Assessor's Identification Number:	
SELLER/T	RANSFEROR		Assessor's identification number. MB PG	PCL
			Phone Numbers:	FUL
MAILING A	ADDRESS			
FIELD	LEASE		Buyer:	
FIELD	LEASE		Seller:	
10400	ADTANT MOTIOE		Sec: Twp: Rr	ng:
_	ORTANT NOTICE			
	<i>r</i> requires any tran <mark>sfe</mark> ree acq <mark>uir</mark> ing an i <mark>nte</mark> rest <mark>in real</mark> propert ed by the county a <mark>ss</mark> essor, to file a Change in Ownership State			
Stateme	ent must be filed at the time of recording or, if the transfer is no	t reco	rded, within 90 days of the date of the change in o	wnership, except
	ere the change in ownership has occurred by reason of death			
	ate is probated, shall be filed at the time the inventory and apple from the date of a written request by the Assesso <mark>r re</mark> sults in a			
	oplicable 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 shall be collected like any other delinquent property taxes, an			the assessment
	ANSFER INFORMATION (Check the appropriate boxes to indi			nronorty)
A. IN	, , , , ,			: property.)
1. 📙	Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer/addition solely between spouses	
2. 🗌	Land Sales Contract. A contract for the purchase of property		or registered domestic partners, divorce settlement, etc.?	☐ Yes ☐ No
	in which the seller retains legal title to it after the buyer takes			
	possession.	14.	Was this transaction only a correction of the name(s) of persons or entities holding title?	☐ Yes ☐ No
3. 🗌	Inheritance. Transfer by will or intestate succession.			□ 103 □ 1NO
	Date of death	— 15.	If you hold title to this property as a joint tenant,	☐ Yes ☐ No
	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
О. Ш	morgor or ocook doquiotions	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	
, \sqcap	1 Marchada	04		
9. 🗀	Life estate.	21.	If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic	☐ Yes ☐ No
10.	Reconveyance (pay-off).		partner the sole present beneficiary?	□ 169 □ INO
			paration and dolo prodotte deficitionally:	
11.	Creation or assignment of a lease:	22.	Does this property revert to the transferor in	
	(date)		12 years or less? (Clifford Trust)	☐ Yes ☐ No
12.	Termination of a lease:		If you answered no to 21 or 22, attach a copy of the	the trust

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(date)



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, subumed in the acquisition, if not included in item 15a. Please list each lease, it ition price, by specific items. Cash to seller:	uch as loan including
	. ,	Amount(s): Interest rate(s):	
	Source(s) of financing (bank, seller, etc.):		
D.	Purchase price allocated to: Fixed plant & equipment:	Moveable equipment about the sale or transfer which should be called to the attention of the Ass	sessor.)
		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	I	

