EF-502-G-R05-1111-53000541-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

Deanna L. Bradford County Clerk-Recorder-Assessor

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

BUY	ER/TR	ANSFEREE		RECORDING DATA			
ΙΔΙΙ	ING A	DDRESS		Date Recorded:			
VIAIL	IING A	IDDRESS		Document Number:			
SELL	ER/TI	RANSFEROR		Assessor's Identification Number:			
				MB PG	PCL		
MAIL	ING A	DDRESS		Phone Numbers:			
FIEL		LEASE		Buyer: ()			
-IEL	D	LEASE		Seller: ()			
IM	PO	RTANT NOTICE		Sec: Twp: Rn	g:		
that the 90 d taxe but if th	t who esta days es ap not ne pr	ent must be filed at the time of recording or, if the transfer is ere the change in ownership has occurred by reason of dealte is probated, shall be filed at the time the inventory and agree from the date of a written request by the Assessor results in oplicable to the new base year value reflecting the change in the exceed five thousand dollars (\$5,000) if the property is eliminated by the change in the exceed five thousand dollars (\$5,000) if the property is eliminated by the collected like any other delinquent property taxes,	oth the stopraisal in a penal ownershigible for failure to	tatement shall be filed within 150 days after the days filed. The failure to file a Change in Ownership (lty of either: (1) one hundred dollars (\$100); or (2) ip of the real property or manufactured home, whice the homeowners' exemption or twenty thousand of file was not willful. This penalty will be added to	ate of death or, in Statement within 10 percent of the hever is greater dollars (\$20,000)		
Α.	TR	ANSFER INFORMATION (Check the appropriate boxes to in	ndicate th	ne method by which you acquired an interest in the	property.)		
1.		Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer solely between husband and wife, addition of a spouse, divorce settlement, etc.?	☐ 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 possession.	14.	Was this transaction only a correction of the name(s) of persons or entities holding title to the property?	☐ Yes ☐ No		
3.		Inheritance. Transfer by will or intestate succession. Date of death	15.	If you hold title to this property as a joint tenant,			
		Relationship to deceased	_	is the seller or transferor also a joint tenant?	☐ Yes ☐ No		
4.		Trade or exchange. The above described property has been traded or exchanged for other real property or tangible persona		Was this transaction the termination of a joint tenancy interest?	☐ Yes ☐ No		
5.		property. Merger or stock acquisition.		Was this transfer between family members or related businesses?	☐ Yes ☐ No		
6.		Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage transferred	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	☐ Yes ☐ No		
7.		Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	☐ Yes ☐ No		
8.		Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes ☐ No		
9.		Life estate.	21.	If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?	☐ Yes ☐ No		
10.		Reconveyance (pay-off).	22.	Does this property revert to the transferor in			
11.		Creation or assignment of a lease:	- -	12 years or less? (Clifford Trust) If you answered no to 21 or 22, attach a copy of t	☐ Yes ☐ No he trust		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(Please complete the reverse side.)



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12. Termination of a lease:

В.	PROPERTY INFORMATION (Complete each ite	• •	•					
	Seller's name and address:							
	Field name: Lease name: Parcel number:							
	Date sales agreement or letter of intent signed: Effective transfer date:							
	Closing date: Date: 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).							
	Revenue interest: Other working interest owners & percentages:							
8.	Number of wells: Producing	Injection	All idle	Other				
	Productive acres in the parcel:							
10.	Production rates at acquisition: Oil	b/d Gas _	mcf	d Waterb/d				
11.	Price received for oil and gas at acquisition: Oil	1	\$/b Gas	\$/mcf				
			btu/mcf Average producing depth: ft					
13.	Proved reserves: Developed: Oil		bbl Gas	mcf				
	Undeveloped: Oil		bbl Gas	mcf				
14.	Were appraisals, evaluations, cash flow projections or other analyses made to assist in establishing a purchase price? Yes No							
C.	 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 lo 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. C. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION 							
	Terms: Total purchase price:		Cash to seller:					
	Production and/or conventional loan(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 transfer which should be called to the attention of the Assessor.)							
		CERTIFICA	ATION					
Pari	tnership including any accompan		nts, is true, correct and complete	that the foregoing and all information hereon, to the best of my knowledge and belief. This				
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	Г	DATE					
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT	С						
NAM	E OF ENTITY (typed or printed)		F	EDERAL EMPLOYER ID NUMBER				
PRE	PARER'S NAME AND ADDRESS (typed or printed)		1	TITLE				
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS							

