



**FORM B
 TRANSFERS AND ASSIGNMENTS OF STATE LEASES
 STATEMENT OF CONVEYANCE**

CONVEYOR'S NAME & ADDRESS

LINE #		NAME	GROSS
1	a	STREET	WORKING
	b	CITY/STATE	INTEREST
	c	PHONE NUMBER	
	d		OWNER'S INTEREST BEFORE CONVEYANCE
	e		OWNER'S INTEREST AFTER CONVEYANCE
	f		INTEREST CONVEYED BY OWNER

EFFECTIVE DATE
 OF TRANSFER
 (DATE OF SALE)

STATE LEASE

NAME & ADDRESS OF TRANSFEREE(S)

2	a	NAME	
	b	STREET	
	c	CITY/STATE	
	d	PHONE NUMBER	
3	a	NAME	
	b	STREET	
	c	CITY/STATE	
	d	PHONE NUMBER	
4	a	NAME	
	b	STREET	
	c	CITY/STATE	
	d	PHONE NUMBER	
5	a	NAME	
	b	STREET	
	c	CITY/STATE	
	d	PHONE NUMBER	
6	a	NAME	
	b	STREET	
	c	CITY/STATE	
	d	PHONE NUMBER	
7	a	NAME	
	b	STREET	
	c	CITY/STATE	
	d	PHONE NUMBER	
8	a	NAME	
	b	STREET	
	c	CITY/STATE	
	d	PHONE NUMBER	
9	a	NAME	
	b	STREET	
	c	CITY/STATE	
	d	PHONE NUMBER	
TOTAL (must equal the amount on line 1f)			

LEASE ROYALTY DECIMAL

PORTION DESCRIPTION:

COMMENTS:

PREPARED BY:	<input type="text"/>
DATE:	<input type="text"/>
Phone Number	<input type="text"/>
E-mail Address	<input type="text"/>