

**COLORADO STATE BOARD OF LAND COMMISSIONERS**  
**LEASE ASSIGNMENT APPLICATION AND RIDER**

LEASE NUMBER \_\_\_\_\_

**ALL LEASEHOLD SIGNATURES REQUIRED**

**ASSIGNOR(S)**

I/we, \_\_\_\_\_ (assignor name printed) \_\_\_\_\_ (assignor signature) \_\_\_\_\_ (date)

\_\_\_\_\_ (assignor name printed) \_\_\_\_\_ (assignor signature) \_\_\_\_\_ (date)

whose address is \_\_\_\_\_  
STREET/BOX, CITY, STATE, ZIP, FORWARDING ADDRESS & PERSONAL REPRESENTATIVES ADDRESS, IF APPLICABLE

individually and as \_\_\_\_\_ of \_\_\_\_\_

PHONE number: (\_\_\_\_\_) \_\_\_\_\_ FAX number: (\_\_\_\_\_) \_\_\_\_\_

the holder of an interest in lease number \_\_\_\_\_, request that the State Board of Land Commissioners assign that interest to the Assignee. I understand that assignment of a lease is wholly at the discretion of the State Board of Land Commissioners and becomes effective only upon receipt of the signed approval and that I am responsible for any lease payments that become due until the assignment is approved. Upon the State Board of Land Commissioners approval of this assignment application, my rights and interest in this lease will be transferred, in whole or in part, to the Assignee.

**LEGAL DESCRIPTION (for a lengthy legal description, please provide an attachment)**

COUNTY	ACRES	SUBDIVISION	SECTION	TOWNSHIP	RANGE	DRAW BRAND

**ALL ASSIGNEE SIGNATURES REQUIRED**

**ASSIGNEE(S)**

I, the Assignee, request that the State Board of Land Commissioners assign this lease to me. By signing below, I signify my understanding that there may be other authorized uses on the property. **Further, I understand it is my responsibility to have received and reviewed a copy of the lease and that the assignment, if approved, is for the remaining term of the lease only.** I certify that all of the information provided on the lease assignment application is true and accurate. I understand that supplying false or inaccurate information is cause for cancellation of any lease issued as a result of this lease assignment application.

I know that State Trust Lands can only be used in accordance with good resource conservation practices. I understand that in addition to the terms of the lease, the State Board of Land Commissioners will require that a written resource management plan be provided as a condition of approving this assignment. Upon approval, this assignment will become an attachment to the lease. I agree to fully comply with all terms and conditions of the lease.

\_\_\_\_\_ (assignee name printed) \_\_\_\_\_ (assignee signature) \_\_\_\_\_ (date)

\_\_\_\_\_ (address) \_\_\_\_\_ (phone)

\_\_\_\_\_ (assignee name printed) \_\_\_\_\_ (assignee signature) \_\_\_\_\_ (date)

\_\_\_\_\_ (address) \_\_\_\_\_ (phone)

individually and as \_\_\_\_\_ of \_\_\_\_\_

**The assignee requests the lease be held as:**

- AN INDIVIDUAL     
  JOINT TENANTS <sup>1</sup>     
  A CORPORATION <sup>2</sup>     
  TENANTS IN COMMON <sup>3</sup>     
  A PARTNERSHIP <sup>4</sup>  
 TRUST <sup>5</sup>     
  COMPANY <sup>2</sup>     
  OTHER <sup>2</sup> Specify: \_\_\_\_\_

<sup>1</sup> Interest of one tenant in the lease reverts to remaining tenant(s) upon the death of one tenant.

<sup>2</sup> If applying as a corporation, company or other entity, applicant must be registered with the Colorado Secretary of State. Applicant must submit a current "Certificate of Good Standing" issued by the Colorado Secretary of State and Articles of Incorporation including a list of the entity's officers/directors/stockholders, demonstrating who has the ability to bind the entity.

<sup>3</sup> Interest of each tenant transfers to the tenant's estate upon death until lease expiration, cancellation or assignment.

<sup>4</sup> If applying as a partnership, applicant must submit the Articles of Partnership indicating the General Partners.

<sup>5</sup> If applying as a trust, applicant must submit the Declaration of Trust indicating the Trustee.

**SUPPORT DOCUMENTS (if applicable, submit with assignment application):**

	<b>SALE OF PRIVATE LAND</b> – copy of the real estate contract.
	<b>DEATH OF ASSIGNOR</b> – copy of the death certificate and document appointing the personal representative(s) for the estate.
	<b>FORECLOSURE</b> – copy of the foreclosure papers or court order.

**THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS THIS APPLICATION. PLEASE ALLOW AT LEAST 60 DAYS FROM THE DATE A COMPLETE ASSIGNMENT APPLICATION PACKET IS RECEIVED BY THE STATE LAND BOARD'S DISTRICT MANAGER FOR THE STATE BOARD OF LAND COMMISSIONERS TO CONSIDER YOUR APPLICATION FOR APPROVAL. ANY INFORMATION NOT PROVIDED WILL DELAY CONSIDERATION OF YOUR APPLICATION.**

1. What is the reason for the assignment? \_\_\_\_\_  
\_\_\_\_\_

2. If this is an assignment between family members, how is the Assignee related to the Assignor? \_\_\_\_\_  
\_\_\_\_\_

3. If this is an assignment due to the sale of private land, what is the purchase price per acre of the private land?  
\$ \_\_\_\_\_.  
How many acres of private land are being sold? \_\_\_\_\_  
What is the value of the improvements on the private land? \_\_\_\_\_  
What is the consideration being paid by the Assignee to the Assignor for the assignment of the lease? \$ \_\_\_\_\_

4. What portion of the consideration being paid by the Assignee to the Assignor for the assignment represents the value of the Assignor's improvements? \$ \_\_\_\_\_

5. How much other land will be used with this state trust land?  
Total acreage owned: \_\_\_\_\_ Total acreage leased: \_\_\_\_\_  
Leased acreage owned by: (name, address & phone no.) \_\_\_\_\_  
\_\_\_\_\_  
U.S. Forest Service permitted acres: \_\_\_\_\_  
B.L.M. permitted acres: \_\_\_\_\_  
\_\_\_\_\_

6. What is the location of the other land to be used with this state trust land? \_\_\_\_\_  
\_\_\_\_\_

7. Do you have a copy of the lease?  yes  no Have you reviewed the lease?  yes  no

8. Do you have any questions or concerns?  yes  no  
If yes, please list: \_\_\_\_\_

**APPROVAL OF ASSIGNMENT**

This assignment is approved by order of the State Board of Land Commissioners this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE FOR THE STATE BOARD OF LAND COMMISSIONERS

**OFFICE USE ONLY**

CONSIDERATION \$ \_\_\_\_\_ FEES \$ \_\_\_\_\_ DATE PAYMENT RECEIVED \_\_\_\_\_

DATE ASSIGNMENT RECORDED \_\_\_\_\_ COPY OF LEASE REQUESTED BY DM  YES  NO

**REQUIRED ATTACHMENTS:**

1. RESOURCE MANAGEMENT QUESTIONNAIRE
2. LEASEHOLD DOCUMENTATION (IF APPLICABLE)
3. SUPPORT DOCUMENTATION (IF APPLICABLE)
4. TWO CHECKS:
  - 1) NON-REFUNDABLE APPLICATION FEE OF \$100.00
  - 2) CONSIDERATION OF 50% OF CURRENT YEARS RENT OR 50% OF THE AMOUNT PAID FOR THE LEASE BY THE ASSIGNEE, WHICHEVER IS HIGHER, WHICH WILL BE REFUNDED IF THE ASSIGNMENT IS NOT APPROVED.