



CHANGE OF ADDRESS FORM

Owner Number(s): _____ Date: _____ Telephone Number (____) _____

Owner Name(s): _____

Email: _____ Last 4 Digits of Tax ID/SSN: _____

Old Address:

New Address:

Owner Signature & Title (Required)

Date

For security purposes, all fields above are required and need to be completed for changes to made to the referenced account. Please complete and return this form with any required documentation per the below mailing instructions.

SITUATION	REQUIRED DOCUMENTATION
Name Change	- Marriage Certificate, divorce decree or other documentation effecting name change
Name Change – Companies	- Certificate of Merger, or name change - New Tax ID Form W9
Interest Owner Death – Testate (with a will)	- Death Certificate - Copy of the will / order admitting will to probate in the county records where the property is located - Letters Testamentary or Administration - Evidence stating all taxes have been paid related to the estate - Copy of trust documents if one was created through the will
Interest Owner Death – Intestate (without a will)	- Death Certificate - Evidence of all debts and taxes being paid - Affidavit of Death & Heirship form
Conveyance of Interest	- Copy of recorded instrument in which the interest was conveyed to a different party

MAIL:

Tap Rock Operating, LLC
 Attn: Owner Update
 523 Park Point Dr. Suite 200
 Golden, CO 80401

EMAIL:

OwnerUpdate@taprk.com