

NAME CHANGE FORM

Please complete the **required** information and return this form via mail or email listed below. (please print)

Owner Number:			
Old Owner Name:			
New Owner Name:			
Social Security Number or Taxpayer ID:			
CURRENT Address Information			
Street Address:			
City:	State:	Zip:	Country:
Check here if this is a ne	w address and ye	ou would like Mont	are Operating, Ltd. to update its records
PREVIOUS Address Information (if applica	ble)		
Street Address:			
City:	State:	Zip:	Country:
Home Phone:	Cell Phone:		
Work Phone:	Email Address:		
Type(s) of Document Attached:			
Marriage License	Divorce Decree		
*Please note: Copy of Photo ID is not suffic			
		ion to show a rega	nume chunge
Signature of Owner	Date		
Please provide any special instructions:			
Please return this form via mail to:	Montare Operating, Ltd. Attn: Land Department 777 International Parkway, Suite 100 Flower Mound, Texas 75022		

Or via email to: royalty.owners@montare-resources.com

If you have any questions, please call the Land Department at 469-993-1961.