

APPLICATION FOR AGRICULTURAL USE ASSESSMENT  
Note: If necessary, attach extra pages.

82407

Pursuant to SB 167, 1975 Statutes of Nevada, Chapter 749 (1) (We),  
Florence M. Stenton

2200 Ardsheal Drive  
LaHabra <sup>HTS</sup> CA 90631

(Please print or type the name of each owner of record or his representative.)  
hereby make application to be granted, on the below described agricultural land, an assess-  
ment based upon the agricultural use of this land.

(I) (We) understand that if this application is approved, it will be recorded and become a  
public record.

This agricultural land consists of 640 acres, is located in Eureka  
County, Nevada and is described as All Section 17, T21NR53E \* (See note below)  
(Assessor's Roll or Parcel Number(s))

Legal description, N 1/2 Sec. 17, Range 53 East, M.D.B. + M.  
S 1/2 Sec. 17, Range 53 East, M.D.B. + M.

\* Note: I prefer to have the N 1/2 + S 1/2 Tax billed separately, please.

(I) (We) certify that the gross income from agricultural use of the land during the preced-  
ing calendar year was \$2,500 or more. Yes X No   . If yes, attach proof of income.

(I) (We) have owned the land since 1966 (I) have owned it since Affidavit of  
Fred's death was recorded in June 81  
(I) (We) have used it for agricultural purposes since 1966  
The agricultural use of the land presently is (i.e. grazing, pasture, cultivated dairy,  
etc.) cultivated

Was the property previously assessed as agricultural? Yes. Is so, when? 1980-81  
Tax Bill

If the land was not previously classified as agricultural, how is it now being prepared to  
qualify for agricultural assessment?

When did preparation begin to convert property to agricultural use? 1966

Will the projected income on this property be \$2,500 or more? Yes  
If yes, describe the projected operation and include projected income calcula-  
tion.

(I) (We) hereby certify that the foregoing information submitted is true, accurate and com-  
plete to the best of (my) ~~our~~ knowledge. (Each owner of record or his authorized repre-  
sentative must sign. Representative must indicate for whom he is signing in what capac-  
ity and under what authority, and attach written proof of his authority.)

Florence M. Stenton  
Signature of Applicant or Agent

8-10-81  
Date

2200 Ardsheal Dr., La Habra Hts. CA 90631  
Address

(213) 697-2154  
Phone Number

Signature of Applicant or Agent

Date

Address

Phone Number

Signature of Applicant or Agent

Address

Signature of Applicant or Agent

Address

Signature of Applicant or Agent

Address

ASD 11

MAIL TO:  
Eureka County Assessor  
P. O. Box ~~88~~ 83  
Eureka, NV. 89316

RECORDED AT REQUEST OF  
James P. Ithurnalde  
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OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
WILLIS A. DEPAOLI-RECORDER  
FILE NO. 82407  
FEE \$ Alb Fee

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