APPLICATION FOR AGRICULTURAL USE ASSESSMENT Note: If necessary, attach extra pages. 91400 Pursuant to SB 167, 1975 Statutes of Nevada, Chapter 749 (I) (We). Ronald W. Blehm Gladys A. Blehm (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 This agricultural land consists of 320 acres, is located in Eureka County, Nevada and is described as _ 07 140 32 (Assessor's Roll or Parcel Number(s)) Northerly 2,640 feet of Section 32, T211NR54E Legal description, _ (I) (We) certify that the gross income from agricultural use of the land during the preceding calendar year was \$2,500 or more. Yes ____ No \cancel{X} . If yes, attach proof of income. (I) (We) have owned the land since 1982 (I) (We) have used it for agricultural purposes since //۶2
The agricultural use of the land presently is (i.e. grazing, pasture, cultivated, dairy, Is so, when? Was the property previously assessed as agricultural? If the land was not previously classified as agricultural, how is it now being prepared to qualify for agricultural assessment? for equipmen When did preparation begin to convert property to agricultural use? Will the projected income on this property be \$2,500 or more?

If yes, describe the projected operation and include projected income calculation. (I) (We) hereby certify that the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (Each owner of record or his authorized representative must sign. Representative must indicate for whom he is signing in what capacand attach written proof of his authority.) ity and under what authority, Signature of Applicant or Agent 37-5402 Phone Number of Applicant or Agen Date 237-5402 Phone Number RECORDED AT REQUEST OF James Tthurraldo BOOK_118_PAGE 394 RECEIVED 83 DEC 8 P 2: 49 Agent

Signature of Applicant or Agent

Signature of Applicant

J. P. ITHURRALDE, ASSESSOR

HIH, REBALEATS 14

Signature of Applicant or Agent

TILE NO. FFF S. No. For

Address ASD 11

Address

Address

Address

public record.

etc.)

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MAIL TO:

J. P. Ithurralde Eureka County Assessor P. O. Box 88 Eureka, NV. 89316

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