

115269

APPLICATION FOR AGRICULTURAL USE ASSESSMENT

THIS PROPERTY MAY BE SUBJECT TO LIENS FOR UNDETERMINED AMOUNTS

(PLEASE READ CAREFULLY THE ATTACHED INFORMATION AND INSTRUCTION SHEET)

Note: If necessary, attach extra pages.

Pursuant to Nevada Revised Statutes, Chapter 361.A (1) (We),

Coraway Farms

TERRY R CONAWAY

DALE R. CONAWAY

WAYNE L CONAWAY

ELMA J CONAWAY

(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 assessment 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 320 acres, is located in Eureka County, Nevada and is described as 07-200-17

(Assessor's Parcel Number(s))

Legal description E2 Section 10 T21N, R53E

(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 ☐ If yes, attach proof of income.

(I) (We) have owned the land since 1966

(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.)

Raising alfalfa
 Was the property previously assessed as agricultural? ☐ If so, when

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?

Will the projected income on this property be \$2,500 or more? yes no 60,000 - alfalfaIf yes, describe the projected operation and include projected income calculation. 475,000 Earnings

Raising 2 Pounds of alfalfa Hay.

(I) (We) hereby certify that the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand that if this application is approved, this property may be subject to liens for undetermined amounts. (Each owner of record or his authorized representative must sign. Representative must indicate for whom he is signing, in what capacity and under what authority.) Please print name under each signature.

Signature of Applicant or Agent

Date

Dale R Conaway
DALE R CONAWAY

4/27/87

Address

Phone #

Recorder's Stamp

Signature of Applicant or Agent

Date

Address

Phone #

Signature of Applicant or Agent

Date

Address

Phone #

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 EUREKA COUNTY
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