

118520

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 (I) (We),

William H. Norton

Shirley A. Norton

(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 \_\_\_\_\_ acres, is located in \_\_\_\_\_ County, Nevada and is described as \_\_\_\_\_ (Assessor's Parcel Number(s))

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 \_\_\_ If yes, attach proof of income.

(I) (We) have owned the land since 07.25.1978

(I) (We) have used it for agricultural purposes since 1978. The agricultural use of the land presently is (i.e. grazing, pasture, cultivated, dairy, etc.)

grazing pasture cultivation Was the property previously assessed as agricultural, \_\_\_ If so, when, 1979

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, \_\_\_\_\_

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. (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.

William H. Norton 5/17/88  
Signature of Applicant or Agent Date

P.O. Box 506 Eureka, NV 89316 Phone # \_\_\_\_\_  
Address

Shirley A. Norton 5/17/88  
Signature of Applicant or Agent Date

P.O. Box 506 Eureka, NV 89316 Phone # \_\_\_\_\_  
Address

Signature of Applicant or Agent Date

Address Phone # \_\_\_\_\_

ASD 02 A

Recorder's Stamp

RECORDED AT THE REQUEST OF  
Eureka Co. Assessor  
BOOK 177 PAGE 336

'88 MAY 17 10:42

FILE NO. 118520  
FEE \$ \_\_\_\_\_