## 137961

## 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.

SEP - 9 1991 J. P. ITHURRALDE ASSESSOR

Donald E. Morrison	$\wedge$
Alberta J. Morrison	
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P.case print or type the name of each owner of record or his representerby make application to be granted, on the below described agricult	ntative)
ultural use of this land.	tane, on baseasment based upon the agr
(1) (We) understand that if this application is approved, it will be reflict agricultural land consists of $\frac{318}{07-200-16}$ acres, is located in described as $\frac{07-200-16}{6}$ & $\frac{07-220-02}{6}$	recorded and become a public record.  Sureka County, Nevada and to
(Assessor's Parcel Number cegal description           T21N\R53E         Sec. 10         W2           SW4;S2NW4;NE4NW4; All NW4 except 2.06	
Total in the state of the state	PAC III NW4NW4
I) (We) certify that the gross income from agricultural use of the 5,000 or more. Yes No If yes, attach proof of income.	land during the preceding calendar year wa
I) (We) have owned the land since	
I) (We) have used it for agricultural purposes since 1964 he land presently is (i.e. grazing, pasture, cultivated, dairy, etc.)	. The agricultural use o
as the property previously assessed as agricultural 460. 1	f so, when
I) (We) hereby certify that the foregoing information submitted is tr	ue, accurate and complete to the best of (m
and the state of the state of the same of the same of the same	royed this property and be set a
or undetermined amounts. (I) (We) understand that if any portion of our responsibility to notify the assessor in writing within 30 days	(Fach owner of mannet as because the
trescribed must sign. Representative must indicate for whom he	is signing, in what capacity and under wha
uthority.) Please print name under each signature.	
ignature of Applicant or Agent	1-25-77
PoBox 246 Eurika M.	Date ST21
ddress	Phone Number
ignature of Applicant or Agent	7-25-81
P.O. Say 246 Surcha Zica	Date
idress	702-237-5592
	Phone Number
ignature of Applicant or Agent	Date
dress	Phone Number
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