

137991

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),

Peter J. Goicoechea

Gladys P. Goicoechea

(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 520 acres, is located in Eureka County, Nevada and is described as 07-070-02, 07-070-05, 05-340-09, 05-340-20 & 06-130-04

(Assessor's Parcel Number s))

Legal description T23N,R54E Section 15 NW4SE4; Section 22 E2SW4; Section 27 NE4SW4; N2SE4;NW4NE4; S2NE4;E2NW4--T30N,R50E Section 29 NE4NE4 --T30N,R50E Section 25 W2SW4NE4--T26N,R53E Section 22 W2NE4NE4.

(I) (We) certify that the gross income from agricultural use of the land during the preceding calendar year was \$5,000 or more. Yes ☒ No ☐ If yes, attach proof of income.

(I) (We) have owned the land since December 1989

(I) (We) have used it for agricultural purposes since 1989. The agricultural use of the land presently is (i.e. grazing, pasture, cultivated, dairy, etc.)

raising cattle - hay production. Was the property previously assessed as agricultural? yes. If so, when many years

(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. (I) (We) understand that if any portion of this land is converted to a higher use, it is our responsibility to notify the assessor in writing within 30 days. (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.

Peter J. Goicoechea 8-1-91
Signature of Applicant or Agent Date

P.O. Box 97 Eureka, NV 89316
Address Phone Number

Gladys P. Goicoechea 8-1-91
Signature of Applicant or Agent Date

P.O. Box 97 Eureka, NV 89316
Address Phone Number

Signature of Applicant or Agent Date

Address Phone Number

ASD 02A
BOOK 226 PAGE 411
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