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APPLICATION FOR AGRICULTURAL USE ASSESSMENT THIS PROPERTY MAY BE SUBJECT TO LIENS FOR UNDETERMINED AMOUNTS

J. P. ITHURRAL PT ASSESSOR

(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), Jenny C. Frayer University of Nevada-Reno Reno Foundation Director of Finance/Treasurer 203 Morrill Hall MS 162 University of Nevada, Reno Foundation Reno, Nevada 89557 (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. County, Nevada and is _ acres, is located in _ This agricultural land consists of 320 Eureka described as Chaney Farm 07-140-30 (Assessor's Parcel Number(s)) Sec 27 Township $E \cdot 1/2$ of the W 1/2 w 1/2 of the E 1/2, Legal description R 54 E, MDB & M (I) (We) certify that the gross income from agricultural use of the land during the preceding calendar year was \$5,000 or more. YesXXX No ___. If yes, attach proof of income. (I) (We) have owned the land since February 1985 (I) (We) have used it for agricultural purposes since February 1985 The agricultural use of the land presently is (i.e. grazing, pasture, cultivated, dairy, etc.)
Crop production and livestock grazing If so, when Dessert Land Entry Was the property previously assessed as agricultural (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 (I) (We) understand that if any portion of this land is converted to a higher use, it is for undetermined amounts. 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. October 15, 1991 Date Signature of Applicant or Agent 784-6622 203 Morrill Phone Number Address

Phone Number

E NO. FI

Date

Phone Number

)1 001 21 M1:4:

ASD 02A

Address

Address

Signature of Applicant or Agent

Signature of Applicant or Agent