178106

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Return this application to: tehn County Assessor ). Box 88 Eureka, NV 89316

more information call (775)237-5270

RECEIVED

## 3 Agricultal Use Assessment Application

REVIEW THE ATTACHEMSTRUCTION SHEET FOR DIRECTIONS ON HOW TO FILL OUT THIS FOR IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SETS AS NECESSARY TO THIS APPLICATION.

1.) Please type in the name an dress of each owner of record or his representative:
Owner: MILLER, Lynfo Owner: MILLER, Susan  Address: HC 62 Box 621 Address: HC 62 Box 62155  City/State/Vivi Function NV 89316
City/Statc/Zip: Eureka, 89316 City/Statc/Zip: Eureka, NV 89316
2.) What is the size of the sun parcel? 160.00 ACRES  (Parcels less than 20 acres wil referred to the Department of Taxation for approval).
3.) APN (Assessor's Parcel Noer): 07-440-19
4.) Legal Description:  T.N.R54E Section 32 NE4
5.) Was the gross income fregricultural use of the land during the preceding calendar year \$5,000 or more? Yes No  If yes, attach proof of income
6.) Date the property was orally placed in service by the owners listed above for agricultural purposes May 2002
7.) The agricultural use of third is (i.e., grazing, pasture, cultivated, dairy, etc.)
8.) Was this property preview assessed as agricultural? 105. If yes, when was it assessed as agricultural? 105.
The undersigned hereby certific foregoing information submitted is true, accurate and complete to the best of (my) r) knowledge. (I) (We) understand if this application is approved, this property may subject to liens for undetermined amounts. (I) (We) understand that if any portion of this lan converted to a higher use, it is our responsibility to notify the assessor in writing within 30 s of the conversion.
EACH OWNER OF RECOIOR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF SIGNED BY LEPRESENTATIVE, THE REPRESENTATIVE MUST INDICATE FOR WHOM IS SIGNING, HIS CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TO THE NAME UNDER EACH SIGNATURE.
Signature of Applicant or A: Capacity Authority Date
Print Name of Applicant or int  NC62 Box 621 Eurelea NU 89316  Phone Number
Signature of Applicant or Ast Capacity Authority Date
Print Name of Applicant or ont 2 1 1011 (1931) 237 - 7810
Print Name of Applicant or ent  HC (e2 Boy (e2): Eurelea NV 89316  Address  Phone Number
Signature of Applicant or put Capacity Authority Date
Print Name of Applicant ogent
Address Phone Number

FOR USE BY THE COUNTY SESSOR OR DE	EPAKTMENT	OF TAXATION	•
Application Received	5/14/02 Date	Initial	
Property Inspected		Initial	•
☐ Income Records Inspected:	Date	<u>- er jan jangan Pyda</u>	
Written Notice of Approva Denial Sent to Appli	Date cant 5/14/02	Initial 6.10	
Application forwarded to Detment of Taxation	Date	Initial Annual Control of the Contro	
Department of Taxation reted application	Date	Initial	
Reasons for Approval or Denial and ter Pertinent Commy	Date ints:	Initial San	
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Signature of Official Processing Apartion  Les Aputy Users 5-15-20	<u>.</u>	A. Long of Long Law.	
Signature of Official Processing Apartion			
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		EUREKA COUNTY NEVADA M.N. REBALEATI, RECORDE FILE NO. FEES	R. 1
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