

Agricultural Use Assessment Application

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

1.) Please type in the name address of each owner of record or his representative:

Owner: TROYER, John Owner: TROYER, Louise R.
Address: HC 62 Box 621 Address: HC 62 Box 62131
City/State/Zip: Eureka, NV 89316 City/State/Zip: Eureka, NV 89316

2.) What is the size of the tract parcel? 160.00 acres
(Parcels less than 20 acres are referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 07-440-24

4.) Legal Description:
T1N, R54E Section 33 SE4

5.) Was the gross income from agricultural 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 actually placed in service by the owners listed above for agricultural
purposes ALWAYS.

7.) The agricultural use of land is (i.e., grazing, pasture, cultivated, dairy, etc.)
GRAZING

8.) Was this property previously assessed as agricultural? YES If yes, when was it
assessed as agricultural? 2011 KNOWN

The undersigned hereby certify foregoing information submitted is true, accurate and
complete to the best of (my) knowledge. (I) (We) understand 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 of the conversion.

EACH OWNER OF RECORD HIS AUTHORIZED REPRESENTATIVE MUST SIGN
BELOW. IF SIGNED BY A REPRESENTATIVE, THE REPRESENTATIVE MUST
INDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, AND UNDER WHAT
AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

Signature of Applicant or Agent Capacity Authority Date

John Troyer
Print Name of Applicant or Agent
HC 62 Box 131 Eureka NV 89316
Address Phone Number

Louise R. Troyer
Signature of Applicant or Agent Capacity Authority Date

LOUISE R. TROYER
Print Name of Applicant or Agent
HC 62 Box 131 Eureka NV 89316
Address Phone Number

Signature of Applicant or Agent Capacity Authority Date

Print Name of Applicant or Agent
Address Phone Number

NOTE

111851

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

☒ Application Received

05/20/02
Date Initial

☒ Property Inspected

05/20/02
Date Initial

☐ Income Records Inspected

Date Initial

☒ Written Notice of Approval Denial Sent to Applicant

05/20/02
Date Initial

☐ Application forwarded to Department of Taxation


Date Initial

☐ Department of Taxation retied application

Date Initial

Reasons for Approval or Denial and/or Pertinent Comments:

This parcel was split from another agricultural parcel that was in agricultural use.


Signature of Official Processing Application
Assessor
Title 7/20/02
c

THIS SPACE FOR RECORDERS ONLY

BOOK 347 PAGE 242
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Eureka County Assessor
02 MAY 2007 PM 1:55

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES *no fee*

178114

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