

For more information call (775)237-5270

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

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: TN, 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 initially 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.)
CATTLE

8.) Was this property previously assessed as agricultural? YES . If yes, when was it assessed as agricultural? 2004

The undersigned hereby certify foregoing information submitted is true, accurate and complete to the best of (my) (our) 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.

<u>[Signature]</u>	<u>OWNER</u>		
Signature of Applicant or Agent	Capacity	Authority	Date

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

<u>[Signature]</u>			
Signature of Applicant or Agent	Capacity	Authority	Date

<u>Louise R. Troyer</u>			
Print Name of Applicant or Agent			
<u>HC 62 Box 131 Eureka NV 89316</u>			
Address		Phone Number	

Signature of Applicant or Agent	Capacity	Authority	Date
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Print Name of Applicant or Agent			
Address		Phone Number	

AMSI

178114

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 retred application

Date Initial

Reasons for Approval or Denial and/or Pertinent Comments:

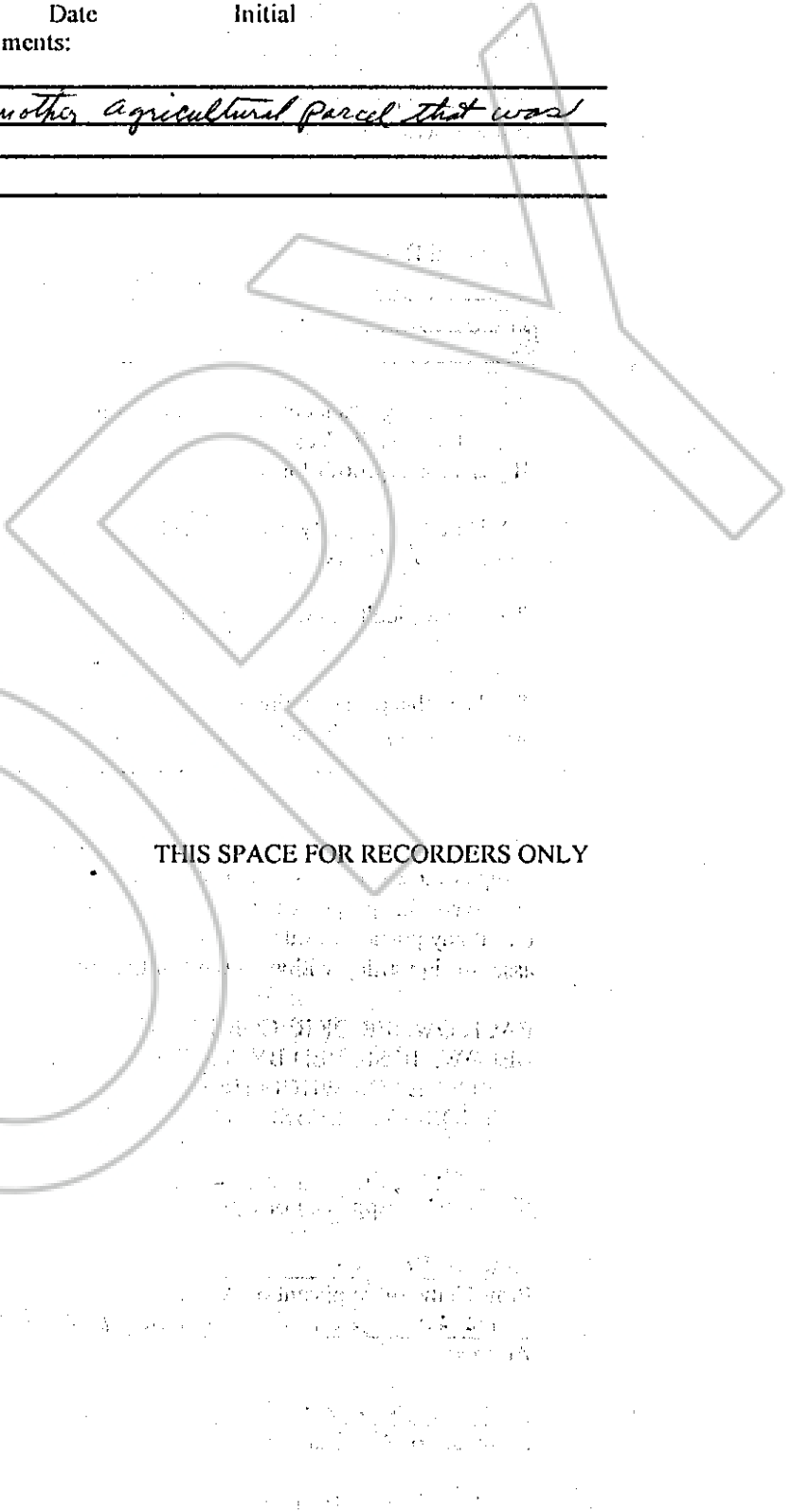
This parcel was split from another agricultural parcel that was in agricultural use.

Signature of Official Processing Application

Assessor

Title

5/20/02



THIS SPACE FOR RECORDERS ONLY

BOOK *347* PAGE *242*
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Eureka County Assessor
02 MAY 20 02 PM 1:55

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

178114

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