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PN (Assessor's Parc (umber):	
in (mosessor statummer):	•
7-200-38	
Providence of the control of the con	
eturn this applicatioo:	\ \
tureka County Asssor	\ \
South Main Street	\ \
O. Box 88	
ireka, Nevada 8931	
none (775)237-5270	
,	10
	/ / \ \ \
<	This space for Recorder's Use Only
,	
ţricultural Use	Assessment Application
Return thoplication to the Cou	unty Assessor's Office at the address shown above
no later than June 15 this application is	s approved, it will be recorded and become a public record.
F MORE SPACE IS NEED, PLEASE ATTA AP	ACH ADDITIONAL SHEETS AS NECESSARY TO THIS PLICATION.
Please type in the fewing information	for each owner of record or his representative.
tach additional sheet necessary:	for each owner of record of this representative.
	\ \
wner: Marshall Faly Trust	Representative:
ddress: HC 62 Box 138	Address:
ty/State/Zip: Eurek:NV 89316	City/State/Zip:
Describe all the uses the land for which	h you are requesting an agricultural designation,
ch as agricultural, resultal, commercial,	, or industrial use (For instance, if you farm and live
agricultural operati (For instance, rei	ltural and residential). In addition, please describe
s agricultural operation (For instance, rai	ising crops, livestock, poultry, fur-bearing animals,
es aquatic agricultury dramanic garden	15.)
es, aquatic agriculturiydroponic garden	1 readontial
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	5.) What is the date the perty was originally placed in ser agricultural purposes?	rvice by the owners listed above for
	6.) Was this property prously assessed as agricultural? assessed as agricultural?	If yes, when was it
	7.) Was the gross incomom agricultural use of the land of \$5,000 or more? Yes No	luring the preceding calendar year —
	8.) Please attach a statent of revenues and expenses relat and include a copy of IR orm F. Additional documentation assessor.	ed to the agricultural use of the land on may be requested by the county
	The undersigned has certify the foregoing information subset of (my) (our) knowled (I) (We) understand if this application liens for undetermined amou. (I) (We) understand that if any portion our responsibility to notify ussessor in writing within 30 days of the	is approved, this property may be subject to not this land is converted to a higher use, it is
	EACH OWNER OF RECO OR HIS AUTHORIZED REPRESENT BY A REPRESENTATIVE REPRESENTATIVE MUST INDE CAPACITY, AND UNDER HAT AUTHORITY. PLEASE TYPE I Marshall Fanly Trust And Ulim Winhall	ICATE FOR WHOM HE IS SIGNING, HIS THE NAME UNDER EACH SIGNATURE.
***	Signature of Applicant Agent Capaci	Power of Attorney) Date
	Type or Print Name Authority (i.e. Address/City/State/Zip	Power of Attorney) Date Phone Number FAX Number
	FORE BY THE COUNTY ASSESSOR OR DE Application Reced Property Inspect Income Records pected: Written Notice approval or Denial Sent to Applicant Application forwed to Department of Taxation Department of Intion returned application Reasons for Approval ornial and Other Pertinent Comments: Signature of Official Presing Application Title	Date Initial Date Initial
<i>U</i>		RECEIVED

BOOK 36 | PAGE 0 2 4

NTC Approved 11/02

MAY 0 1 2003

EUREKA COUNTY J.P. ITHURRALDE, ASSESSOR

Additional Signature Page Attach to Application if Necessary

Ruche Mahall	D	\ \	
Signature of Applicant e.gent	Capacity (Owner, Representative, or Lessee		
Rachel Margall		7	
Type or Print Name	Authority (i.e. Power of Attorney)	Date	
Address/City/State/Zip	Phone Number	FAX Number	
		5	
Signature of Applicant Agent	Capacity (Owner, Represent	ative, or Lessee	
Type or Print Name	Authority (i.e. Power of Attorney)	Date	
Address/City/State/Zip	Phone Number	FAX Number	
Signature of Applicant Agent	Capacity (Owner, Represent	ative, or Lessee	
Type or Print Name	Authority (i.e. Power of Attorney)	Date	
		•	
Address/City/State/Zip	Phone Number	FAX Number	
		,	
Signature of Applicant Agent	Capacity (Owner, Represent	tative, or Lessee	
Type or Print Name	Authority (i.e. Power of Attorney)	Date	
Address/City/State/Zip	Phone Number	FAX Number	

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OFFICIAL RECORDS
BECORDED AT THE REQUEST OF
EURICA CO USSESSON
2003 MAY -2 AM 8: 03

EUREKA COUNTY NEVADA M.N. REBALEATI, RECORDER FILENO. FEES 70 Fre

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