

181720

APN (Assessor's Parcel Number):

7-210-29

Return this application:  
Eureka County Assessor  
20 South Main Street  
P.O. Box 88  
Eureka, Nevada 89311  
Phone (775)237-5270

This space for Recorder's Use Only

**Agricultural Use Assessment Application**

Return this application to the County Assessor's Office at the address shown above no later than June. If this application is approved, it will be recorded and become a public record.

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION.

1.) Please type in the following information for each owner of record or his representative. Attach additional sheets necessary:

Owner: Gold Streetfarm, LLC  
Address: HC 62 Box 638  
City/State/Zip: Eureka NV 89316

Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

2.) Describe all the uses the land for which you are requesting an agricultural designation, such as agricultural, residential, commercial, or industrial use (For instance, if you farm and live on this parcel, the use would be both agricultural and residential). In addition, please describe the agricultural operation (For instance, raising crops, livestock, poultry, fur-bearing animals, bees, aquatic agriculture, hydroponic gardens.)

Agricultural

3.) What is the size of land devoted to agricultural use? 160.00 Acres

T21N, R53E Section 22 SW4

4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes \_\_\_\_\_ No X

057181

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? NA

6.) Was this property previously assessed as agricultural? yes If yes, when was it assessed as agricultural? \_\_\_\_\_

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes / No \_\_\_\_\_

8.) Please attach a statement of revenues and expenses related to the agricultural use of the land and include a copy of Form F. Additional documentation may be requested by the county assessor.

The undersigned hereby certify the 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 assessor in writing within 30 days of the conversion.

EACH OWNER OF RECO OR 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.

Gold Street arm LLC

William Marshall

Signature of Applicant Agent

Capacity (Owner, Representative, or Lessee)

William Marshall

Type or Print Name

Authority (i.e. Power of Attorney)

Date

Address/City/State/Zip

Phone Number

FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

Application Recd

5-1-03

Date

G.B.

Initial

Property Inspected

Date

Initial

Income Records Inspected:

Date

Initial

Written Notice approval or Denial Sent to Applicant

Date

Initial

Application forwarded to Department of Taxation

Date

Initial

Department of Taxation returned application

Date

Initial

Reasons for Approval or Denial and Other Pertinent Comments:

Stacy Picochea

Signature of Official Pressing Application

Chief Deputy

Title

5/1/03

Date

RECEIVED

**Additional Signature Page  
Attach to Application if Necessary**

Rachel Marshall <sup>05/21/11</sup>  
Signature of Applicant Agent Capacity (Owner, Representative, or Lessee)

Rachel Marshall  
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, Representative, or Lessee)

\_\_\_\_\_  
Type or Print Name Authority (i.e. Power of Attorney) Date

\_\_\_\_\_  
Address/City/State/Zip Phone Number FAX Number

Andrew B Marshall  
Signature of Applicant Agent Capacity (Owner, Representative, or Lessee)

ANDREW MARSHALL  
Type or Print Name Authority (i.e. Power of Attorney) Date

HC 62 Box 677 Eureka NV 237-5411  
Address/City/State/Zip Phone Number FAX Number

Deseri S. Marshall  
Signature of Applicant Agent Capacity (Owner, Representative, or Lessee)

Deseri S. Marshall  
Type or Print Name Authority (i.e. Power of Attorney) Date

HC 62 Box 677 237-5411  
Address/City/State/Zip Phone Number FAX Number

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Eureka Co Assessor*  
2003 MAY -2 AM 8: 05

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

**181720**

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