

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 8931
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 NEED, 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 will 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

055181

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		
<input checked="" type="checkbox"/> Application Recd	<u>5-1-03</u> Date	<u>J.B.</u> Initial
<input type="checkbox"/> Property Inspected	_____ Date	_____ Initial
<input type="checkbox"/> Income Records Inspected:	_____ Date	_____ Initial
<input type="checkbox"/> Written Notice approval or Denial Sent to Applicant	_____ Date	_____ Initial
<input type="checkbox"/> Application forwarded to Department of Taxation	_____ Date	_____ Initial
<input type="checkbox"/> Department of Taxation returned application	_____ Date	_____ Initial
Reasons for Approval or Denial and Other Pertinent Comments:		
<u>Stacy S. Sweeney</u> Signature of Official Processing Application	<u>Chief Deputy</u> Title	<u>5/1/03</u> Date

RECEIVED

Additional Signature Page
Attach to Application if Necessary

Rachel Marshall OSTIAI
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

BOOK 361 PAGE 27
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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