

RECEIVED

MAY 01 2003

181802

APN (Assessor's Parcel Number) EUREKA COUNTY  
007-330-29  
~~007-330-26 & 9-330-28~~

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: Mark & Annemele Representative: \_\_\_\_\_  
Address: 101 E 3rd P.O. Box 207 Address: \_\_\_\_\_  
City/State/Zip: Eureka NV 89316 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 and Residential  
Agricultural Operation - Livestock Pasture

3.) What is the size of land devoted to agricultural use? 152.06 ac

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

30621

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 01, May

6.) Was this property prously assessed as agricultural? No 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 statent 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 amount. (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.

Mark Dame Owner  
Signature of Applicant Agent Capacity (Owner, Representative, or Lessee)

Mark Dame  
Type or Print Name Authority (i.e. Power of Attorney) Date

P.O. Box 20, Furst, NV 89316 775-237-5624 237-7058  
Address/City/State/Zip Phone Number FAX Number

FOR BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Recd	<u>5/8/03</u>	<u>[Signature]</u>
	Date	Initial
<input checked="" type="checkbox"/> Property Inspected	<u>5/13/03</u>	<u>[Signature]</u>
	Date	Initial
<input checked="" type="checkbox"/> Income Records pected:	<u>5/8/03</u>	<u>[Signature]</u>
	Date	Initial
<input type="checkbox"/> Written Notice approval or Denial Sent to Applicant	_____	Initial
	Date	Initial
<input type="checkbox"/> Application forwied to Department of Taxation	_____	Initial
	Date	Initial
<input type="checkbox"/> Department of Tition returned application	_____	Initial
	Date	Initial
Reasons for Approval or ial and Other Pertinent Comments:		
<u>[Signature]</u>	<u>Assessor</u>	<u>5/11/03</u>
Signature of Official Prosing Application	Title	Date

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

Amy L. Lemele OWNER  
Signature of Applicant Agent Capacity (Owner, Representative, or Lessee)

Amy L. Lemele  
Type or Print Name Authority (i.e. Power of Attorney) Date

P.O. Box 07 Eureka, NV 775-237-5027 237-7058  
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

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

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

BOOK 361 PAGE 225  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Eureka County Recorder*  
2003 MAY 14 AM 10:35

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES *No Fee*

**181802**

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