APN (Assessor's Parc+umber):

7-140-13

Return this applicatioo: Eureka County Assior 20 South Main Street P.O. Box 88 Eureka, Nevada 8931 Phone (775)237-5270

PAGE 11-12 362 BOOK OFFICIAL RECORDS BECORDED AT THE REQUEST OF (USIS6 were Count 2003 JUN -2 PH 1:45

EUREKA COUNTY NEVADA M.N. REBALEATI, RECORDER FILENO. FEES710 Jee

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This space for Recorder's Use Only

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JUN 0 2 2003

EUREKA COUNTY

gricultural Use Assessment Application

Return thyplication 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 NDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION.

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

Owner: WARD, Day	Representative:
Address: 1817 Aubi-Folsom	- Address:
City/State/Zip: Aubur CA 95603	City/State/Zip:
	/ /

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

LIVESTOOK

3.) What is the size of land devoted to agricultural use? 160 AC

4.) Is this parcel continus to other lands controlled by the owner and designated as agricultural? Yes_____ No _____

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5.) What is the date the operty was originally placed in service by the owners listed above for agricultural purposes? 5/2/03

6.) Was this property priously assessed as agricultural? <u>4.55</u> If yes, when was it assessed as agricultural

7.) Was the gross inco 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 I Form F. Additional documentation may be requested by the county assessor.

The undersigned toy certify the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowled (I) (We) understand if this application is approved, this property may be subject to liens for undetermined amcs. (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 REPRESENTATIVTHE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, AND UNDEVHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

Ωωνεπ Signature of Applicant Agent Capacity (Owner, Representative, or Lessee) DAVE WAD OWNER Type or Print Name Authority (i.e. Power of Attorney) P.O. Box 343 ARERA, NU 18/7 Auburn From Ka Ruburn CA Phone Number FAX Number Address/City/State/Zij FOSE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXA **Application** Reved Daté Property Inspec Dafe Income Recordspected: Initial Date Written Notice approval or Denial Sent to Applicant Initial Date Application forded to Department of Taxation Date Initial Department of ation returned application Initial Date oval ornial and Other Pertinent Comments: Reasons les always Ban in lig. Use GEBOR Date Signature of Official Presing Application Title

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