

APN (Assessor's Parcel Number):

7-140-13

BOOK 362 PAGE 11-12  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Eureka County Assessor*  
2003 JUN -2 PM 1:45

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

Return this application:

**Eureka County Assessor**  
20 South Main Street  
P.O. Box 88  
Eureka, Nevada 8931  
Phone (775)237-5270

**181957**

RECEIVED

JUN 02 2003

EUREKA COUNTY  
J.P. MURRALDE, ASSESSOR

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 sheet necessary:

Owner: WARD, Dan  
Address: 1817 Auburn-Folsom  
City/State/Zip: Auburn CA 95603

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

2.) Describe all the use of 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.)

LIVESTOCK

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

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

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

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.

[Signature] OWNER  
Signature of Applicant Agent Capacity (Owner, Representative, or Lessee)

DAVE WAD OWNER 5/27/03  
Type or Print Name Authority (i.e. Power of Attorney) Date

P.O. Box 343 KREKA, NV  
1817 AUBURN-FISHER RD AUBURN, CA 916-668-2835  
Address/City/State/Zip Phone Number FAX Number

FOSE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Reviewed	<u>6/2/03</u>	<u>[Signature]</u>
	Date	Initial
<input checked="" type="checkbox"/> Property Inspected	<u>5/16/03</u>	<u>[Signature]</u>
	Date	Initial
<input type="checkbox"/> Income Records inspected:	_____	Initial
	Date	Initial
<input type="checkbox"/> Written Notice approval or Denial Sent to Applicant	_____	Initial
	Date	Initial
<input type="checkbox"/> Application forwarded to Department of Taxation	_____	Initial
	Date	Initial
<input type="checkbox"/> Department of Taxation returned application	_____	Initial
	Date	Initial
Reasons for Approval denial and Other Pertinent Comments: <u>Taxes Always Been in Ag. Use</u>		
<u>[Signature]</u>	<u>Assessor</u>	<u>6/2/03</u>
Signature of Official Pressing Application	Title	Date