

APN (Assessor's ParcNumber):

06-310-05

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Eureka Co Assessor
2003 JUN 30 PM 3:02

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

No
fee

Return this application to:
Eureka County Assessor
20 South Main Street
P.O. Box 88
Eureka, Nevada 89301
Phone (775)237-5270

182159

This space for Recorder's Use Only

Agricultural Use Assessment Application

Return 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: Raymond Coa
Address: HC 30 B0151
City/State/Zip: Eureka NV 89801

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.)

grazing

3.) What is the size of land devoted to agricultural use? 40 Ac

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

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5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 1960's

6.) Was this property previously assessed as agricultural? If yes, when was it assessed as agricultural? 60's

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.

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

X RAY COFA _____ Authority (i.e. Power of Attorney) Date
Type or Print Name

X HC 30 B0 X 51 SPRING CR NU 744 4347 _____
Address/City/State/Zip 89815 Phone Number FAX Number

FOSE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION	
<input checked="" type="checkbox"/> Application Rec'd	<u>6/30/03</u> Date <u>J.D.</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: _____

Signature of Official Processing Application _____ Title _____ Date _____

RECEIVED
JUN 30 2003
EUREKA COUNTY
J.P. THURMALDE, ASSESSOR