

APN (Assessor's Parcel Number):

07-250-28

Return this application to:
XXXXXXX County Assessor
Address
City, Nevada 89700

BOOK 373 PAGE 008-010
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Eureka County Assessor
2003 DEC 23 AM 10:41

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 40
Fee

184691

RECEIVED

NOV 24 2003

EUREKA COUNTY
J.P. FINCH, CLERK / 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 1st. 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 if necessary:

Owner: HOWARD HILL SR. or KATHY HILL SR.
Address: PO Box 853
City/State/Zip: EUREKA, NEVADA 89316

Representative: _____
Address: _____
City/State/Zip: _____

2.) Describe all the uses 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.)

AGRICULTURAL AND RESIDENTIAL

RAISING LIVESTOCK AND CROPS,

3.) What is the size of the land devoted to agricultural use? 300 acres

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? 1963

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

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes yes No _____

8.) Please attach a statement of revenues and expenses related to the agricultural use of the land and include a copy of IRS 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 the assessor in writing within 30 days of the conversion.

EACH OWNER OF RECORD 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.

Howard Hill Sr. OWNER
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

HOWARD Hill SR. _____
Type or Print Name Authority (i.e. Power of Attorney) Date

EUREKA P.O. Box 853 775-575-5157 775-575-0837
Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	Date <u>11/24/03</u>	Initial <u>[Signature]</u>
<input checked="" type="checkbox"/> Property Inspected	Date <u>11/24/03</u>	Initial <u>[Signature]</u>
<input checked="" type="checkbox"/> Income Records Inspected:	Date <u>11/24/03</u>	Initial <u>[Signature]</u>
<input type="checkbox"/> Written Notice of 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>[Signature]</u>	<u>ASSessor</u>	<u>11/24/03</u>
Signature of Official Processing Application	Title	Date

Additional Signature Page
Attach to Application if Necessary

Kathy M. Hill owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)
Kathy M. Hill 12/18/03
Type or Print Name Authority (i.e. Power of Attorney) Date

Address/City/State/Zip Phone Number FAX Number

Signature of Applicant or 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

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

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

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