

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

APN (Assessor's Parcel Number):

07-250-28

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

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

184691

RECEIVED

NOV 24 2003

EUREKA COUNTY  
J.P. MUNICIPAL 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 1<sup>st</sup>. 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 HILLSR. or KATHY HILLSR. Representative: \_\_\_\_\_  
Address: PO Box 853 Address: \_\_\_\_\_  
City/State/Zip: EUREKA, NEVADA 89316 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	<u>11/24/03</u> Date	<u>[Signature]</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>11/24/03</u> Date	<u>[Signature]</u> Initial
<input checked="" type="checkbox"/> Income Records Inspected:	<u>11/24/03</u> Date	<u>[Signature]</u> Initial
<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> Signature of Official Processing Application	<u>ASSESSOR</u> Title	<u>11/24/03</u> 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

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