

APN (Assessor's Parcel Number):

05-590-01

BOOK 378 PAGE 276 RECEIVED  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Eureka Co Assessor APR 14 2004  
2004 APR 19 PM 1:42  
EUREKA COUNTY  
J.P. ITHURRALDE, ASSESSOR  
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 89316  
Phone (775)237-5270

**186608**

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: CORTEZ JOINT VENTURE  
Address: HC 66 Box 1250  
City/State/Zip: Beowawe, NV 89821

Representative: JIM COLLOD  
Address: SAME  
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.)

LIVESTOCK GRAZING  
\_\_\_\_\_  
\_\_\_\_\_

3.) What is the size of the land devoted to agricultural use? 640 ACRES - ONE SECTION

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? 4TH QUARTER 2003

6.) Was this property previously assessed as agricultural? YES If yes, when was it assessed as agricultural? NEVADA LAND AND RESOURCES → CARL SLAGAWSKI

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes \_\_\_\_\_ No ✓ GRAZED BY OTHERS

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. NONE; GRAZED BY DANN LIVESTOCK - HORSES.

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.

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

JIM COLCORD ENVIRONMENTAL AND LAND SUPERINTENDENT 12 APR 01  
Type or Print Name Authority (i.e. Power of Attorney) Date

HC 66-Box 1250 CRESCENT VALLEY, NV 89821 775.468.4431 468.4446  
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>4/14/04</u>	<u>JA</u>
	Date	Initial
<input type="checkbox"/> Property Inspected	_____	_____
	Date	Initial
<input type="checkbox"/> Income Records Inspected:	_____	_____
	Date	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>ONE SECTION ADDED TO OVERALL RANCH OPERATION</u>		
<u>[Signature]</u>	<u>Assessor</u>	<u>4/16/04</u>
Signature of Official Processing Application	Title	Date