	OFFICIAL RECORDS
APN (Assessor's Parcel Number):	RECORDED AT THE REQUEST OF CURLA COUNTY ASSE
	2004 JUN -3 AM 8: 18
07-250-27	
	EUREKA COUNTY, NEVADA M.N. REBALEATI, RECORDER FILE NO FEES YO
D. A Alice - Licelian Acc	187949 FEE\$ Y
Return this application to:	187343
Eureka County Assessor	\ \
20 South Main Street	~ \ \ \
P.O. Box 88 Eureka, Nevada 89316	2
Phone (775)237-5270	
Thomas (170)207 5270	
	This space for Recorder's Use Only
Agricultural Use Asse	essment Application
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Return this application to the County As	
no later than June 1 <sup>st</sup> . If this application is appro	eved, it will be recorded and become a public record.
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NTC Approved 11/02

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5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes?
6.) Was this property previously assessed as agricultural? 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 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.
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)  Denze L. Nouvon
Type or Print Name  Authority (i.e. Power of Attorney)  Authority (i.e. Power of Attorney)  Address/City/State/Zip  Authority (i.e. Power of Attorney)  775-722-5384  Phone Number  FAX Number
FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION Application Received
Property Inspected $\frac{8/1/0Z}{\text{Date}}$ Initial
Income Records Inspected:  Date  Initial
Written Notice of Approval or Denial Sent to Applicant  Date  Initial
Application forwarded to Department of Taxation  Date  Initial
Department of Taxation returned application  Date  Initial
Reasons for Approval or Denial and Other Pertinent Comments:
Assessor 6/2/04
Signature of Official Processing Application Title Date

RECEIVED

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