

APN (Assessor's Parcel Number):

7-110-03

BOOK 395 PAGE 310-311
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Eureka County Assessor
2004 SEP 28 PM 2:32

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES *10*

Return this application to:
Eureka County Assessor
20 South Main Street
P.O. Box 88
Eureka, Nevada 89316
Phone (775)237-5270

192780

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: ETCHEVERRY FAMILY LIMITED PARTNERSHIP Representative: _____
Address: 7933 Calloway Drive Address: _____
City/State/Zip: Bakersfield, CA 93312 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.)

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

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

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 1948

6.) Was this property previously assessed as agricultural? YES If yes, when was it assessed as agricultural? 1948

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes X 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.

ETCHEVERRY FAMILY LIMITED PARTNERSHIP BY:

Michel Etcheverry
Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

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

7933 Calloway Dr.
Address/City/State/Zip
Bakersfield CA 93312

661-399-8970
Phone Number

661-399-6622
FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

☒ Application Received

9-27-04
Date

B.B.
Initial

☐ Property Inspected

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:

Gladys Borechea
Signature of Official Processing Application

Chief Deputy
Title

9-27-04
Date