

APN (Assessor's Parcel Number):

07-070-01

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

BOOK 404 PAGE 324-326
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Eureka Co Assessor
2005 JAN 26 PM 3:17 RECEIVED
EUREKA COUNTY, NEVADA JAN 26 2005
M.N. REBALEA, RECORDER
FILE NO. EUREKA COUNTY
FEES None P. ITHURRALDE, ASSESSOR
195430

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: MOYLE, James L. & N. Jane
Address: P. O. Box 128
City/State/Zip: Eureka, NV 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 - CROPS

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

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? 1/1/05

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

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes _____ No X Not to me
yes for former owner.

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.
NO ACTIVITY TO DATE.

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.

James L. Moyle
Signature of Applicant or Agent

Owner
Capacity (Owner, Representative, or Lessee)

JAMES L. MOYLE
Type or Print Name

1/24/05
Authority (i.e. Power of Attorney) Date

Box 125, GUNTER, NV 89316
Address/City/State/Zip

775-237-5719
Phone Number

775-237-5053
FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>1/24/2005</u> Date	<u>D.S.</u> 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>Name Change</u> <u>Daisy Dicoecka</u> Signature of Official Processing Application		
<u>Chief Deputy</u> Title		<u>Jan 26, 2005</u> Date

Additional Signature Page
Attach to Application if Necessary

N. J. Moyle Owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

N. J. Moyle _____
Type or Print Name Authority (i.e. Power of Attorney) Date

SAME SAME
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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