	OFFICIAL RECORDS
APN (Assessor's Parcel Number):	RECORDED AT THE REQUEST OF
CLIV (Assessor STateer Number).	2005 FEB 14 AM H: 24
06-060-10	
	EUREKA COUNTY, HEVADA M.N. REBALEATI RECORDER
	FILE NO. FEES 710
Return this application to:	196225
Eureka County Assessor	\ \
20 South Main Street	~ \ \
P.O. Box 88	
Eureka, Nevada 89316 Phone (775)237-5270	
1 Houe (773)237-3270	
	This space for Recorder's Use Only
	This space for Recorder 5 Ose Only
Agricultural Use Asses	ssmant Application
. Agricultural Ose Asses	ssment Application
IF MORE SPACE IS NEEDED, PLEASE ATTACH AT APPLICAT	
/ / /	HON.
1.) Please type in the following information for eac	
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5.) What is the date the property was originally placed in seagricultural purposes?	ervice by the ow	mers listed above for		
6.) Was this property previously assessed as agricultural? 165 If yes, when was it assessed as agricultural? 1950				
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 rela and include a copy of IRS Form F. Additional documentati 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)				
Le Roy Sestanovich Ranch UC Type or Print Name Authority (i.e.	Danier of Associ	ney) 2-11-05 Date		
HC 65 Dox 45 Curlin New 89822  Address/City/State/Zin	775-754-62	aney) Date 37		
Address/City/State/Zip	Phone Number	FAX Number		
FOR USE BY THE COUNTY ASSESSOR OR DEL Application Received	PARTMENT OF TA 2/14/2005	- <u>D.D-</u>		
□ Property Inspected	Date/	Initial Initial		
☐ Income Records Inspected:	Date	Initial		
☐ Written Notice of Approval or Denial Sent to Applicant ☐ Application forwarded to Department of Taxation	Date	Initial		
Department of Taxation returned application	Date	Initial		
Reasons for Approval or Denial and Other Pertinent Comments:	Date	Initial		
Hasy Decoches hier	Deputy	2/14/2005		
Signature of Official Processing Application Title		Date /		

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