

APN (Assessor's Parcel Number):

007 -210 -37

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Eureka County Assessor  
2005 MAR 18 AM 8:14

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES None

**196555**

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

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: Roger + Judy ALLEN Representative: \_\_\_\_\_  
Address: 9 SHARON DR. Address: \_\_\_\_\_  
City/State/Zip: WELLSINGTON, NV. City/State/Zip: \_\_\_\_\_  
89444

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 AND ALFALFA PRODUCTION

3.) What is the size of the land devoted to agricultural use? 1 SECTION APPROX 645 AC.

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

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? MARCH 2005

6.) Was this property previously assessed as agricultural? YES 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] OWNER  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

ROGER B. ALLEN 3-10-05  
Type or Print Name Authority (i.e. Power of Attorney) Date

9 SHAWON DR. WELLINGTON NV. 89444 775-465-2663  
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>3/14/2005</u> Date	<u>MLL</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>Michael A. Meers</u> Signature of Official Processing Application	<u>Deputy Assessor</u> Title	<u>14-MAR-2005</u> Date

**Additional Signature Page  
Attach to Application if Necessary**

Judy B. Allen  
Signature of Applicant or Agent

OWNER  
Capacity (Owner, Representative, or Lessee)

Judy B. Allen  
Type or Print Name

Authority (i.e. Power of Attorney)      Date

9 SHARON DR., WELLINGTON  
Address/City/State/Zip

N.V. 89444

775-465-2663  
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

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Address/City/State/Zip

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