

APN (Assessor's Parcel Number):

07-210-38

BOOK 408 PAGE 405-407
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Eureka County Assessor
2005 APR 11 PM 12:50

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

196704

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 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: SMITH, Arlene D. & Robert L.
Address: P. O. Box 815
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, raising of livestock

3.) What is the size of the land devoted to agricultural use? 315 acres

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? April, 2005

6.) Was this property previously assessed as agricultural? yes If yes, when was it assessed as agricultural? don't know

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes _____ No X

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 income, no expenses

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.

Arlene D. Smith Owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)
Arlene D. Smith Authority (i.e. Power of Attorney) 4/6/05
Type or Print Name Date
P.O. Box 815 Eureka, NV 89316 237-5794
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>4-8-05</u>	<u>BP</u>
	Date	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>Gladys Socorro</u>	<u>County Deputy Assessor</u>	<u>4-8-05</u>
Signature of Official Processing Application	Title	Date

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

Robert L. Smith
Signature of Applicant or Agent

Owner
Capacity (Owner, Representative, or Lessee)

Robert L. Smith
Type or Print Name

Authority (i.e. Power of Attorney) 4/6/05
Date

P.O. Box 815, Fincastle, VA 24331
Address/City/State/Zip

775
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

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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