

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 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: 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> Date	<u>JS</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>Gladys Boicechea</u> Signature of Official Processing Application	<u>County Deputy Assessor</u> Title	<u>4-8-05</u> 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

PDB 815 Eureka, NV 89312  
Address/City/State/Zip

775  
237-5794  
Phone Number

FAX Number

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Capacity (Owner, Representative, or Lessee)

\_\_\_\_\_  
Type or Print Name

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Authority (i.e. Power of Attorney) Date

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Address/City/State/Zip

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Phone Number

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**196704**