

APN (Assessor's Parcel Number):

07-070-19

RECEIVED
APR 20 2005
EUREKA COUNTY
ASSESSOR

BOOK 409 PAGE 28-30
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Eureka Co. Assessor
2005 APR 20 PM 1:53

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

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

196719

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: ALLEN, Roger B. & Judy B.
Address: 9 Sharon Drive
City/State/Zip: Wellington, NV 89444

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.)

ALFALFA FARM - PART TIME RESIDENCE

3.) What is the size of the land devoted to agricultural use? 320⁺ ACRES

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

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? MARCH 30, 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 X 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.

Roger B. Allen Judy B. Allen OWNERS
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

ROGER B. ALLEN JUDY B. ALLEN 4-17-05
Type or Print Name Authority (i.e. Power of Attorney) Date

9 SHARON DR. WELLINGTON 775-465-2663
Address/City/State/Zip NV. 89444 Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>4/20/05</u>	<u>GD</u>
<input type="checkbox"/> Property Inspected	_____	_____
<input type="checkbox"/> Income Records Inspected:	_____	_____
<input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	_____	_____
<input type="checkbox"/> Application forwarded to Department of Taxation	_____	_____
<input type="checkbox"/> Department of Taxation returned application	_____	_____
Reasons for Approval or Denial and Other Pertinent Comments:		
<u>Garney Demele</u>	<u>Deputy Assessor</u>	<u>4/20/05</u>
Signature of Official Processing Application	Title	Date

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

Judy B. Allen _____ OWNER
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Judy B. Allen _____
Type or Print Name Authority (i.e. Power of Attorney) Date

9 SHANNON DR. _____ 775-465-2663
Address/City/State/Zip Phone Number FAX Number
WELLINGTON, NV 89444

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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