APN (Assessor's Parcel Number):	BOOK 43 PAGE 181-183 OFFICIAL RECORDS RECORDED AT THE REQUEST OF JUSTICE COUNTY CUSSESSON_ 2005 MAY 17 PM 2: 07
07-210-15	2003 MAI 17 PM-2-01
Return this application to: Cureka County Assessor 20 South Main Street P.O. Box 88 Eureka, Nevada 89316 Phone (775)237-5270	EUREKA COUNTY. NEVADA M.N. REBALEATI. RECORDER FILE NO. FEES Nome 198491
Agricultural Use Asse	This space for Recorder's Use Only ssment Application
Return this application to the County Ass no later than June 1 st . If this application is approx	sessor's Office at the address shown above ved, it will be recorded and become a public record.
1.) Please type in the following information for ear Attach additional sheets if necessary: Owner: YODER, Luke G. & Bonnitta Address: HC 62 Box 62147 City/State/Zip: Eureka, NV 89316 2.) Describe all the uses of the land for which you such as agricultural, residential, commercial, or incon this parcel, the use would be both agricultural at the agricultural operation. (For instance, raising contest, aquatic agriculture, hydroponic gardens.)	Representative: Address: City/State/Zip: are requesting an agricultural designation, dustrial use (For instance, if you farm and live and residential). In addition, please describe rops, livestock, poultry, fur-bearing animals,
3.) What is the size of the land devoted to agricul	
4.) Is this parcel contiguous to other lands contro agricultural? Yes No	lled by the owner and designated as

5.) What is the date the property was originally placed in s	service by the own	ners listed above for
agricultural purposes? 3/24/0.5		
6.) Was this property previously assessed as agricultural?assessed as agricultural?assessed as agricultural?assessed as agricultural?	If ye	es, when was it
7.) Was the gross income from agricultural use of the land \$5,000 or more? Yes No	during the prece	ding calendar year
8.) Please attach a statement of revenues and expenses rel and include a copy of IRS Form F. Additional documentar assessor.	ated to the agricu tion may be reque	ltural use of the land ested by the county
The undersigned hereby certify the foregoing information select of (my) (our) knowledge. (I) (We) understand if this application liens for undetermined amounts. (I) (We) understand that if any port our responsibility to notify the assessor in writing within 30 days of the selection of the contract of the selection of the contract of	on is approved, this ion of this cor	property may be subject to
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESEN BY A REPRESENTATIVE, THE REPRESENTATIVE MUST IN CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE	DICATE FOR WHO)M HE IS SIGNING, HIS
Signature of Applicant or Agent Capa	city (Owner, Rep.	resentative, or Lessee)
Luke Yoder		4-19-05
Type or Print Name Authority (i.	e. Power of Attor	ney) Date
HC 62 BOK 147 Furcka NV 89316 Address/City/State/Zip	775. 237-50 Phone Number	FAX Number
FOR USE BY THE COUNTY ASSESSOR OR D Application Received	EPARTMENT OF JA	XATION S. Initial
□ Property Inspected	Date /	Initial
☐ Income Records Inspected:	Date	Initial
☐ Written Notice of Approval or Denial Sent to Applicant	Date	Initial
Application forwarded to Department of Taxation	Date	Initial
Department of Taxation returned application Reasons for Approval of Donial and Other Pertinent Comments;	Date	Initial
Aga infly (sel) for 1/9		tu 5/16/2005
Signature of Official Processing Application Title	e) Jupu	Date Date
/	// / / / / / / / / / / / / / / / / / /	/

Additional Signature Page Attach to Application if Necessary

In realization		Owner	\ \ \
Signature of Applicant or Agent	Capac	ity (Owner, Representa	ative, or Lessee)
Type or Print Name	Authority (i.e	. Power of Attorney)	<i>4-19-05</i> Date
HC62 Box 147 Eureka NU Address/City/State/Zip	×93/6	775-237-5253 Phone Number	FAX Number
Signature of Applicant or Agent	Capac	ity (Owner, Represent	ative, or Lessee)
	Cupat		•
Type or Print Name	Authority (i.e	. Power of Attorney)	4-19-05 Date
HC 62 Box 147 Eure Address/City/State/Zip	89316	775-237-525. Phone Number	FAX Number
Address/City/State/21p	97316		
Signature of Applicant or Agent	Capac	city (Owner, Represent	ative, or Lessee)
Type or Print Name	Authority (i.e	e. Power of Attorney)	Date
Address/City/State/Zip		Phone Number	FAX Number
Signature of Applicant or Agent	Capa	city (Owner, Represent	ative, or Lessee)
Type or Print Name	Authority (i.e	e. Power of Attorney)	Date
Address/City/State/Zip		Phone Number	FAX Number
198491			
NTC Approved 11.02 BOOK 4 3 PAGE 83			