

APN (Assessor's Parcel Number):

07-200-65

BOOK 431 PAGE 158-160  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Eureka County Assessor  
2006 JAN 30 PM 1:21

EUREKA COUNTY, NEVADA  
M.N. REBALEATH, 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

**203344**

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: MORRISON, D Lloyd & Belinda Faye  
Address: HC 62 Box 62130  
City/State/Zip: Eureka, NV 89316

Representative: Wayd Morrison  
Address: HC 62 Box 62130  
City/State/Zip: EUREKA NV 89316

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 & PASTURE Hay and GRAIN

3.) What is the size of the land devoted to agricultural use? 152 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? 2001

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.

D. Lloyd Morrison Owner  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

D. Lloyd Morrison \_\_\_\_\_  
Type or Print Name Authority (i.e. Power of Attorney) Date

P.O. Box 52, Eureka, NV 89316 775-237-5401 \_\_\_\_\_  
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>1-30-2006</u> Date	<u>D. B.</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>See crop production</u>		
<u>Dany DeLochea</u> Signature of Official Processing Application	<u>Chief Deputy Assessor</u> Title	<u>1-30-2006</u> Date

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

Belinda Faye Morrison  
Signature of Applicant or Agent

Owner  
Capacity (Owner, Representative, or Lessee)

Belinda Faye Morrison  
Type or Print Name

Authority (i.e. Power of Attorney)      Date

P.O. Box 52 Eureka, NV 89316  
Address/City/State/Zip

775-237-5401  
Phone Number

Same  
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

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