

APN (Assessor's Parcel Number):

07-440-20

BOOK 435 PAGE 149-151
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Eureka County Assessor
2006 APR 25 PM 3:19

EUREKA COUNTY, NEVADA
M.H. 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

204543

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: NORTON, William H. Jr. & Patricia A. Representative: _____
Address: 3693 Montclair Road Address: _____
City/State/Zip: Cameron Park, CA 95682 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.)

250 Acres are in Alfalfa
632 Acres are in Crested Wheat
10 Acres is the residential

3.) What is the size of the land devoted to agricultural use? ~~250~~ 893

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? 2000

6.) Was this property previously assessed as agricultural? yes If yes, when was it assessed as agricultural? 1979

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.

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.

[Signature] _____ Owner _____
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

William Henry Norton Jr. _____ 3-13-06
Type or Print Name Authority (i.e. Power of Attorney) Date

N. 2 62 Box 62150 Eureka, NV 89316 _____ 937-5648 _____
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>4/25/06</u> Date	<u>DP</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: _____ _____		
_____ Signature of Official Processing Application	_____ Title	_____ Date

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

Pat Norton _____ Owner _____
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

PATRICIA NORTON _____ 3-15-06 _____
Type or Print Name Authority (i.e. Power of Attorney) Date

3693 Montclair Rd. Cameron Pk. CA. _____
Address/City/State/Zip Phone Number FAX Number
95682 530-672-0267

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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