## APN (Assessor's Parcel Number):

07-200-16, 7-220-02 & 07-370-30

Return this application to:

Cureka County Assessor

20 South Main Street

P.O. Box 88

Eureka, Nevada 89316

Phone (775)237-5270

BOOK 476
OFFICIAL RECORDS
REGORDS OF THE CONTROL
CUSERA CO CISSESSON
2006 MAY 26 AM 9: 43
EURENA COLOR OF THE CONTROL
HM RESILE OF THE CONTROL
HM

204790

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: MORRISON FAMILY TRUST	Representative:	
Address: P. O. Box 246	Address:	
City/State/Zip: Eureka, NV 89316	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 indus-	trial 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 crop	s, livestock, poultry, fur-bearing animals,	
bees, aquatic agriculture, hydroponic gardens.)	1	
has been in Ug like In	Glars - only	
1 1 1 1 M		
Grange is to the Harmet	y Unust	
	/	
3.) What is the size of the land devoted to agricultura	al use?	
4.) Is this parcel contiguous to other lands controlled by the owner and designated as		
agricultural? Yes No		

agricultural purposes? <u>MMY 1960's</u>	in service by the owners listed above for
6.) Was this property previously assessed as agricultur	al? If yes, when was it
assessed as agricultural? <u>funce the any 19</u>	(605 ()
7.) Was the gross income from agricultural use of the \$5,000 or more? Yes No	land during the preceding calendar year
8.) Please attach a statement of revenues and expenses and include a copy of IRS Form F. Additional docume assessor.	
The undersigned hereby certify the foregoing informat best of (my) (our) knowledge. (I) (We) understand if this appli liens for undetermined amounts. (I) (We) understand that if any our responsibility to notify the assessor in writing within 30 days	cation is approved, this property may be subject to portion of this land is converted to a higher use, it is
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRE BY A REPRESENTATIVE, THE REPRESENTATIVE MUST CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE T	INDICATE FOR WHOM HE IS SIGNING, HIS
Donald & morrison - owner	<u> </u>
Signature of Applicant or Agent Ca	apacity (Owner, Representative, or Lessee)
Type or Print Name Authority	(i.e. Power of Attorney) Date
Type or Print Name Authority	(i.e. Power of Attorney) Date
Type or Print Name  Authority  Address/City/State/Zip	(i.e. Power of Attorney) Date  Phone Number FAX Number
Address/City/State/Zip  FOR USE BY THE COUNTY ASSESSOR O	Phone Number FAX Number
Address/City/State/Zip  FOR USE BY THE COUNTY ASSESSOR O  Application Received	Phone Number FAX Number
Address/City/State/Zip  FOR USE BY THE COUNTY ASSESSOR O	Phone Number FAX Number  R DEPARTMENT OF TAXATION  5/25/2000 Dinitial
Address/City/State/Zip  FOR USE BY THE COUNTY ASSESSOR O  Application Received	Phone Number FAX Number  R DEPARTMENT OF TAXATION  5/25/3000 Dinitial  Date Initial
Address/City/State/Zip  FOR USE BY THE COUNTY ASSESSOR O  Application Received  Property Inspected	Phone Number FAX Number  R DEPARTMENT OF TAXATION  5/35/3000 D  Date Initial  Date Initial  Date Initial
Address/City/State/Zip  FOR USE BY THE COUNTY ASSESSOR O  Application Received  Property Inspected  Income Records Inspected:	Phone Number FAX Number  R DEPARTMENT OF TAXATION  5/35/3006  Date Initial  Date Initial
Address/City/State/Zip  FOR USE BY THE COUNTY ASSESSOR O Application Received  Property Inspected Income Records Inspected: Written Notice of Approval or Denial Sent to Applica Application forwarded to Department of Taxation	Phone Number FAX Number  R DEPARTMENT OF TAXATION  5/35/3000 D  Date Initial  Date Initial  Date Initial
Address/City/State/Zip  FOR USE BY THE COUNTY ASSESSOR O Application Received  Property Inspected  Income Records Inspected:  Written Notice of Approval or Denial Sent to Applica  Application forwarded to Department of Taxation  Department of Taxation returned application	Phone Number  R DEPARTMENT OF TAXATION  5/25/3000 Date Initial  Date Initial
Address/City/State/Zip  FOR USE BY THE COUNTY ASSESSOR O Application Received  Property Inspected Income Records Inspected: Written Notice of Approval or Denial Sent to Applica Application forwarded to Department of Taxation	Phone Number  R DEPARTMENT OF TAXATION  5/25/3000 Date Initial  Date Initial
Address/City/State/Zip  FOR USE BY THE COUNTY ASSESSOR O Application Received  Property Inspected  Income Records Inspected:  Written Notice of Approval or Denial Sent to Applica  Application forwarded to Department of Taxation  Department of Taxation returned application  Reasons for Approval or Denial and Other Pertinent Comment	Phone Number  R DEPARTMENT OF TAXATION  5/25/2000 Date Initial

204790