

APN (Assessor's Parcel Number):

07-200-66

Return this application to:

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

DOC # 0208290

03/27/2007

03:20 PM

Official Record

Recording requested By  
RIGGS, WILLIAM W

Eureka County - NV

Mike Rebaleati - Recorder

Fee: Page 1 of 3  
RPTT: Recorded By: FES  
Book- 0453 Page- 0412



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RECEIVED

MAR 23 2007

This space for Recorder's Use Only

Eureka County  
Assessor's Office

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: RIGGS, William W. & Luhree G.  
Address: P. O. Box 760  
City/State/Zip: Eureka, NV 89316

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, Horses, grazing.

3.) What is the size of the land devoted to agricultural use? 42

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



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

Lehee G. Biggs  
Signature of Applicant or Agent

Owner  
Capacity (Owner, Representative, or Lessee)

Lehee G. Biggs  
Type or Print Name

Authority (i.e. Power of Attorney)

Date

P.O. Box 760 Eureka NV 84316  
Address/City/State/Zip

237-7618  
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

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

Address/City/State/Zip

Phone Number

FAX Number

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