Official Recording requested By TOMMYE PLASKETT APN (Assessor's Parcel Number): Eureka County - NV Mike Rebaleati – Recorder 07-200-57 Page 1 d Recorded By FES RPTT Book- 0454 Page- 0012 Return this application to: Eureka County Assessor 20 South Main Street P.O. Box 88 Eureka, Nevada 89316 Phone (775)237-5270 RECEIVED APR 2 2007 This space for Recorder's Use Only **Eureka County** Agricultural Use Assessment Application Assessor's Office 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: mmus Plasont Owner: PLASKETT FAMILY TRUST Address: PO BOX 10 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 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.) 3.) What is the size of the land devoted to agricultural use? 12 Dection - 320 acres 43479

4.) Is this parcel contiguous to other lands controlled by the owner and designated as

agricultural? Yes No Mo

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes?
6.) Was this property previously assessed as agricultural? If yes, when was it assessed as agricultural? 1960 assessed.
7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes 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.
PLASKETT FAMILY TRUST BY: Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)
Tommre PLASKEH 3-17-01
Type or Print Name Authority (i.e. Power of Attorney) Date
Address/City/State/Zip Phone Number FAX Number
FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION Application Received 4-3-2007 25
Date Initial Property Inspected
Date Initia!
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
Date Initial
Reasons for Approval or Denial and Other Pertinent Comments: Sarm land for years -
Signature of Official Processing Application Title Truth