

## Official Record

Recording requested By  
EUREKA COUNTY ASSESSOR

Eureka County - NV

Mike Rebaleati - Recorder

Fee Page 1 of 2

RPTT: Recorded By: FS

Book- 0474 Page- 0221

APN (Assessor's Parcel Number):

05-140-04

Return this application to:  
**Eureka County Assessor**  
 20 South Main Street  
 P.O. Box 88  
 Eureka, Nevada 89316  
 Phone (775)237-5270



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: PALISADE RANCH, Inc.  
 Address: P. O. Box 236  
 City/State/Zip: Carlin, NV 89822

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.)

Agricultural grazing

3.) What is the size of the land devoted to agricultural use? All of Sec. 3 (as described)

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? 6/18/2008

6.) Was this property previously assessed as agricultural? ☒ 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 ☒ 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.

PALISADE RANCH, Inc. by:

Rita Stitzel

Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

Rita Stitzel

Type or Print Name

President

Authority (i.e. Power of Attorney)

7/1/2008

Date

P.O. Box 236 Carlin, NV 89822

Address/City/State/Zip

775-754-6219; 775-754-2242

Phone Number

FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

☒ Application Received

7/10/08  
Date

SS  
Initial

☐ Property Inspected

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initial

☐ Income Records Inspected:

\_\_\_\_\_  
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:

Daisy Sacorecha  
Signature of Official Processing Application

Deputy  
Title

7-10-08  
Date