DOC # 0212703 APN (Assessor's Parcel Number): Record Recording requested By EUREKA COUNTY ASSESSOR 1801 LARGET DAILS DIAMOVALA Eureka County 🔓 NV Mike Rebaleati - Recorder Page 1 Recorded By: LLH Return this application to: Book- 0481 Page- 0166 Eureka County Assessor 20 South Main Street P.O. Box 88 Eureka, Nevada 89316 Phone (775)237-5270 This space for Recorder's Use Daly 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: Representative: Owner: Address: Address: City/State/Zip: 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? 30 Acres 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.) Was this property previously 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 EXPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.	
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)	
Type or Print Name Authority (i.e. Power of Attorney) Date	
Type or Print Name Authority (i.e. Address/City/State/Zip	Phone Number FAX Number
FOR USE BY THE COUNTY ASSESSOR OR DE Application Received Property Inspected	Date Initial
Income Records Inspected:	Date Initial
Written Notice of Approval or Denial Sent to Applicant Application forwarded to Department of Taxation	Date Initial
Department of Taxation returned application	Date Initial Date Initial
Reasons for Approval or Denial and Other Pertinent Comments:	DAG MILLEI
Signature of Official Processing Application Title	11/3/08 Date