

DOC # 0213947

10/12/2009

9:51 AM

APN (Assessor's Parcel Number):

07-250-16

Official Record

Recording requested By
EUREKA COUNTY ASSESSOR

Eureka County - NV

Mike Rebaleati - Recorder

Fee.

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RPTT.

Recorded By LLH

Book- 493 Page- 0032

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 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: GALLAGHER FARMS, LLC
Address: HC 62 Box 62143
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.)

raising crops

3.) What is the size of the land devoted to agricultural use? 160.00 Ac

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

NTC Approved 11/02

Additional Signature Page
Attach to Application if Necessary

Susan Gallagher Owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Susan Gallagher 9/30/09
Type or Print Name Authority (i.e. Power of Attorney) Date

HC 62 Box 62143 Eureka, NV 89316 237-5557 237-5557
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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