

DOC # 0213948

10/12/2009

9:56 AM

APN (Assessor's Parcel Number):

07-250-36

Official Record

Recording requested By
EUREKA COUNTY ASSESSOR

Eureka County - NV

Mike Rebaleati - Recorder

Fee:

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RPTT

Recorded By: LLH

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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? 238.625 Ac

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

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 1993

6.) Was this property previously assessed as agricultural? Yes If yes, when was it assessed as agricultural? for several years

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes x 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.

GALLAGHER FARMS, LLC by:

James E. Gallagher
Signature of Applicant or Agent

Owner
Capacity (Owner, Representative, or Lessee)

JAMES E GALLAGHER
Type or Print Name

9-30-09
Authority (i.e. Power of Attorney) Date

H.C. 62 Box 62143 EUREKA NV
Address/City/State/Zip

775 237 5557
Phone Number

SHMR
FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

☐ Application Received

☐ Property Inspected

☐ Income Records Inspected:

☐ Written Notice of Approval or Denial Sent to Applicant

☐ Application forwarded to Department of Taxation

☐ Department of Taxation returned application

Reasons for Approval or Denial and Other Pertinent Comments:

Signature of Official Processing Application

Title

Date



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Additional Signature Page
Attach to Application if Necessary

Susan Gallagher
Signature of Applicant or Agent

Owner
Capacity (Owner, Representative, or Lessee)

Susan Gallagher
Type or Print Name

9/30/09
Authority (i.e. Power of Attorney) Date

HC 62 Box 62143 Eureka, Nv. 89316
Address/City/State/Zip

237-5557
Phone Number

237-5557
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

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