

DOC # 0213950

10/12/2009 10:02 AM

Official Record

Recording requested By
EUREKA COUNTY ASSESSOR

Eureka County - NV

Mike Rebaleati - Recorder

Fee Page 1 of 3
RPTT: Recorded By LLH
Book- 493 Page- 0040

APN (Assessor's Parcel Number):

07-200-49

Return this application to:

Eureka County Assessor

20 South Main Street

P.O. Box 88

Eureka, Nevada 89316

Phone (775)237-5270



0213950

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: BAILEY, Wilfred R. & Barbara

Representative: _____

Address: P. O. Box 66

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.)

residential

3.) What is the size of the land devoted to agricultural use? 1.73 Ac

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

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 1970

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

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes X No _____
in conjunction with 06-320-03

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.

Wilfred R. Bailey
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Wilfred R. Bailey Authority (i.e. Power of Attorney) 09-10-09
Type or Print Name Date

P.O. Box 66 Fureka, Nv 89316 775-2375402 Same
Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>9-14-09</u>	<u>SB</u>
	Date	Initial
<input type="checkbox"/> Property Inspected	_____	_____
	Date	Initial
<input type="checkbox"/> Income Records Inspected:	_____	_____
	Date	Initial
<input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	_____	_____
	Date	Initial
<input type="checkbox"/> Application forwarded to Department of Taxation	_____	_____
	Date	Initial
<input type="checkbox"/> Department of Taxation returned application	_____	_____
	Date	Initial
Reasons for Approval or Denial and Other Pertinent Comments:		
<u>Approved</u>	<u>Chief Deputy Assessor</u>	<u>9-14-09</u>
Signature of Official Processing Application	Title	Date

**Additional Signature Page
Attach to Application if Necessary**

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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