

APN (Assessor's Parcel Number):

05-570-02 (Summary APN)

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: DONNA RAY BAILEY TRUST  
Address: HC 65 Box 20  
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.)

raising crops, livestock & residential

3.) What is the size of the land devoted to agricultural use? 1,195.58 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? many years

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

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.

DONNA RAY BAILEY TRUST by:

Donna Ray Bailey  
Signature of Applicant or Agent

Donna Ray Bailey (Owner)  
Capacity (Owner, Representative or Lessee)

DONNA RAY Bailey  
Type or Print Name

Authority (i.e. Power of Attorney) Date

HC65 Box 20 Carlin, Nev. 89822  
Address/City/State/Zip

775  
754-2344  
Phone Number

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

**RECEIVED**

SEP 02 2009

EUREKA COUNTY  
ASSESSOR'S OFFICE

9-2-09 MS  
Date Initial

Date Initial

Date Initial

Date Initial

Date Initial

Date Initial

Reasons for Approval or Denial and Other Pertinent Comments:

Approved  
Shady Goucaerha  
Signature of Official Processing Application

County Assessor  
Title 9-2-09  
Date

