DOC # 0213963 APN (Assessor's Parcel Number): Record Official Recording requested By EUREKA COUNTY ASSESSOR 07 - 240 - 02Eureka County - NV Mike Rebaleati - Recorder of 2 Page 1 Recorded By: LLH Return this application to: DDTT. Book- 493 Page- 0068 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 It. 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: RAND REVOCABLE LIVING TRUST Address: HC 62 Box 62140 Address: City/State/Zip: City/State/Zip: Eureka, NV 89316 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.) Vaising arops, Irrestock 3.) What is the size of the land devoted to agricultural use? 8.9 Ac 4.) Is this parcel contiguous to other lands controlled by the owner and designated as

agricultural? Yes No 🗶

agricultural purposes? 1976/1980	France by the owners listed above for
6.) Was this property previously assessed as agricultural?	Yes, when was it
7.) Was the gross income from agricultural use of the land \$5,000 or more? Yes No No	during the preceding calendar year
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 s best of (my) (our) knowledge. (I) (We) understand if this applicatio liens for undetermined amounts. (I) (We) understand that if any portiour responsibility to notify the assessor in writing within 30 days of the	n is approved, this property may be subject to on of this land is converted to a higher use, it is he conversion.
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESEN BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INI CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE RAND REVOCABLE LIVING TRUST by:	THE NAME UNDER EACH SIGNATURE.
Ellen M. Rand	eity (Owner, Representative, or Lessee)
Eilen M. Rand	9-1-09
	Power of Attorney) Date
HC62 Box62140 Evreka, NV	
Address/City/State/Zip 89316	Phone Number FAX Number
FOR USE BY THE COUNTY ASSESSOR OR DI	
Property Inspected	Date Initial
☐ Income Records Inspected:	Date Initial
☐ Written Notice of Approval or Denial Sent to Applicant	Date Initial
☐ Application forwarded to Department of Taxation	Date Initial
☐ Department of Taxation returned application	Date Initial
Reasons for Approval or Denial and Other Pertinent Comments:	Date Initial
Reasons for Approval or Denial and Somether Comments.	
Glady Doicoechea hay	Spaty Hospin 9-2-09
Signature of Official Processing Application Till	e Date
RECEIV 0213963 Book: 493 10/12/2009	