DOC # 0213964 APN (Assessor's Parcel Number): Official Recording requested By EUREKA COUNTY ASSESSOR 07-070-05 Eureka County - NV Mike Rebaleati - Recorder Page 1 Recorded By Book- 493 Page- 0070 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: Joseph A. Trassed and Ellin M. Kand Representative: Owner: RAND REVOCABLE LIVING TRUST Address: HC 62 Box 62140 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.) raising crops, Investock 3.) What is the size of the land devoted to agricultural use?

4.) Is this parcel contiguous to other lands controlled by the owner and designated as

agricultural? Yes_____ No ___

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes?		
6.) Was this property previously assessed as agricultural? 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? (es) 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. RAND REVOCABLE LIVING TRUST by:		
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)		
Ellen M. Kand		9-1-09
Type or Print Name Authority (i.e.)	Power of Attomey)	Date
HC62 Box 62140 Eureka, NV Address/City/State/Zip 89316	337-5439	
Address/City/State/Zip 89316	Phone Number	FAX Number
FOR USE BY THE COUNTY ASSESSOR OR DEP.	ARTMENT OF TAXATI	ON BB
□ Application Received		tial
Property Inspected	Date Ini	tial
☐ Income Records Inspected:		itial
☐ Written Notice of Approval or Denial Sent to Applicant		
☐ Application forwarded to Department of Taxation		tial
Department of Taxation returned application	Date In	itial
	Date In	itial
Reasons for Approval or Benjahand Other Pertinent Comments:		
Glady Dolcolchea Line)	Brity KASES.	100 9-3-09
Signature of Official Processing Application Title	10	Date

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