## OC # 0213967 APN (Assessor's Parcel Number): Recording requested By EUREKA COUNTY ASSESSOR 07-200-08 Eureka County - NV Mike Rebaleati - Recorder Page 1 Recorded By. LLH Return this application to: Book- 493 Page- 0076 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: RANA REVOCABLE LIVING TRUST Representative: 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.) raising Crops, livestock 3.) What is the size of the land devoted to agricultural use? 162.79 Ac 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 servagricultural purposes?	vice by the owners listed above for
6.) Was this property previously assessed as agricultural?	Les If yes, when was it
7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes NoNo	
8.) Please attach a statement of revenues and expenses related and include a copy of IRS Form F. Additional documentation assessor.	d to the agricultural use of the land n may be requested by the county
The undersigned hereby certify the foregoing information subribest of (my) (our) knowledge. (I) (We) understand if this application is liens for undetermined amounts. (I) (We) understand that if any portion our responsibility to notify the assessor in writing within 30 days of the contraction.	is approved, this property may be subject to of this land is converted to a higher use, it is conversion.
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INDIC CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE RAND REVOCABLE LIVING TRUST by:	CATE FOR WHOM HE IS SIGNING, HIS
Signature of Applicant or Agent Capacity	y (Owner, Representative, or Lessee)
Ellen M. Kand Type or Print Name Authority (i.e. F	Power of Attorney) Date
	237-5429
FOR USE BY THE COUNTY ASSESSOR OR DEPA	ARTMENT OF TAXATIONS  9-2-09 Initial
Property Inspected	Date Initial
☐ Income Records Inspected:	Date Initial
☐ Written Notice of Approval or Denial Sent to Applicant ☐ Application forwarded to Department of Taxation	Date Initial
Application forwarded to Læpartment of Taxation     Department of Taxation returned application	Date Initial
Reasons for Approval or Denial And Other Pertinent Comments:	Date Initial
Dealy Doicoe chea they	Valuet Aller 9-2-09
Signature of Official Processing Application Title	Date Date
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NTC Approved 11/02 SEP 01	I III II HEBE III A CACIT BUILL IERE I SAC.