

Official Record

Recording requested By
EUREKA COUNTY ASSESSOR

Eureka County - NV

Mike Rebaleati - Recorder

Fee. Page 1 of 3
RPTT. Recorded By FES
Book- 501 Page- 0001

APN (Assessor's Parcel Number):

04-370-12

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:

Owner: STITZEL, Rita A. & C. Dale

Representative: _____

Address: P. O. Box 236

Address: _____

City/State/Zip: Carlin, NV 89822

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.)

Agricultural - cattle

3.) What is the size of the land devoted to agricultural use? 554.39 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 service by the owners listed above for agricultural purposes? 1800's

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

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes ? 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.

Rita Stitzel Co-owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Rita Stitzel 6/24/2010
Type or Print Name Authority (i.e. Power of Attorney) Date

P.O. Box 236 Carlin, NV 775-754-6219 775-754-2242
Address/City/State/Zip 89822 Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>6-29-10</u> Date	<u>JB</u> 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>Study for pasture</u>		
<u>Stacy Saicochea</u> Signature of Official Processing Application	<u>Chief Deputy Assessor</u> Title	<u>6-29-10</u> Date



Additional Signature Page
Attach to Application if Necessary

C. Dale Stitzel
Signature of Applicant or Agent

Co-Owner
Capacity (Owner, Representative, or Lessee)

C. Dale Stitzel
Type or Print Name

6/24/2010
Authority (i.e. Power of Attorney) Date

1950 Pincen Rd. Elko, NV
Address/City/State/Zip

89801
Phone Number

775-934-9785
FAX Number

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

Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

Type or Print Name

Authority (i.e. Power of Attorney) Date

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