APN (Assessor's Parcel Number):	DOC # 02159/2
07-210-14	Official Record Recording requested By EUREKA COUNTY NV
Return this application to: Eureka County Assessor 20 South Main Street P.O. Box 88 Eureka, Nevada 89316 Phone (775)237-5270	Eureka County - NV Mike Rebaleati - Recorder Fee. Page 1 of 2 RPTT: Recorded By. LLH Book-509 Page- 0253
Agricultural Use Ass	This space for Recorder's Use Oaly Sessment Application
	Issessor's Office at the address shown above roved, it will be recorded and become a public record.
Address: 25255 Forest Street	Representative:Address:
City/State/Zip: Corona, CA 92883	City/State/Zip:
2.) Describe all the uses of the land for which yo such as agricultural, residential, commercial, or i on this parcel, the use would be both agricultura the agricultural operation. (For instance, raising bees, aquatic agriculture, hydroponic gardens.)	ndustrial use (For instance, if you farm and live land residential). In addition, please describe
	
3.) What is the size of the land devoted to agric	ultural use? 1,007.41Ac
4.) Is this parcel contiguous to other lands contagricultural? Yes	rolled by the owner and designated as

5.) What is the date the property was originally placed is agricultural purposes? 4-15. 2	n service by the owners listed above for
6.) Was this property previously assessed as agricultural assessed as agricultural? 1987	パ <u>ソとら</u> If yes, when was it
7.) Was the gross income from agricultural use of the la \$5,000 or more? Yes No	nd during the preceding calendar year
8.) Please attach a statement of revenues and expenses and include a copy of IRS Form F. Additional document assessor.	related to the agricultural use of the land station may be requested by the county
The undersigned hereby certify the foregoing information best of (my) (our) knowledge. (I) (We) understand if this applications for undetermined amounts. (I) (We) understand that if any pour responsibility to notify the assessor in writing within 30 days	ation is approved, this property may be subject to ortion of this land is converted to a higher use, it is
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRES BY A REPRESENTATIVE, THE REPRESENTATIVE MUST CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TY VAN KLAVEREN DAIRY, by:	INDICATE FOR WHOM HE IS SIGNING, HIS
14th March	pacity (Owner, Representative, or Lessee)
Type or Print Name Super Supe	(i.e. Power of Attorney) Date
Address/City/State/Zip	CALL 92683 Phone Number FAX Number 951-27-9566
FOR USE BY THE COUNTY ASSESSOR O Application Received	R DEPARTMENT OF TAXATION 11. 18.10 KBB Date Initial
□ Property Inspected □ Income Records Inspected:	Date Initial Date Initial
Written Notice of Approval or Denial Sent to Applica	
Application forwarded to Department of Taxation Department of Taxation returned application	Date Initial
Reasons for Approval or Denial and Other Pertinent Commen	
Nathy Sacron Bowless Signature of Official Processing Application	Title Date