

APN (Assessor's Parcel Number):

007-210-22

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: Etcheverry Family Limited Partnership Representative: _____
Address: 9933 Calloway DR Address: _____
City/State/Zip: Bakersfield CA 93314 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, RAISING CROPS

3.) What is the size of the land devoted to agricultural use? 320 total 250 FARMABLE

4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes X No _____

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JUN 13 2011

EUREKA COUNTY
ASSESSOR'S OFFICE

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 5-12-11

6.) Was this property previously assessed as agricultural? Yes 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 X 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.

Martin Etcheverry
Signature of Applicant or Agent

PARTNER
Capacity (Owner, Representative, or Lessee)

MARTIN ETCHEVERRY
Type or Print Name

P.O.A 6-12-11
Authority (i.e. Power of Attorney) Date

7933 CALLOWAY DR
Address/City/State/Zip

661-978-9694
Phone Number

661-399-6024
FAX Number

BAKERSFIELD, CA 93314

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

Application Received

Date Initial

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:

Signature of Official Processing Application

Title

Date

