

Official Record

Recording requested By
BOBBY R & PATRICIA PEEKEureka County - NV
Mike Rebaleati - RecorderFee: Page 1 of 3
RPTT: Recorded By: FES
Book- 517 Page- 0132

APN (Assessor's Parcel Number):

07-380-25

Return this application to:

Eureka County Assessor
20 South Main Street
P.O. Box 88
Eureka, Nevada 89316
Phone (775)237-5270

0217716

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: Bobby R & Patricia M. Peek
Address: 126 Sirrah Way
City/State/Zip: Eureka NV 89316Representative: _____
Address: _____
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 and residential
livestock operation

3.) What is the size of the land devoted to agricultural use? 6.58

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

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 2008

6.) Was this property previously assessed as agricultural? NO 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.

Bobby R. Peek
Signature of Applicant or Agent

Owner
Capacity (Owner, Representative, or Lessee)

BOBBY R. PEEK
Type or Print Name

Authority (i.e. Power of Attorney) 10/6/2010
Date

PO Box 91 Eureka NJ 89316
Address/City/State/Zip

775 318 0876
Phone Number

FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

☒ Application Received

10/6/2010 MM
Date Initial

☒ Property Inspected

10/6/2010 MM
Date Initial

☒ Income Records Inspected:

10/6/2010 MM
Date Initial

☐ Written Notice of Approval or Denial Sent to Applicant

6-16-11 BB
Date Initial

☒ Application forwarded to Department of Taxation

10/6/2010 MM
Date Initial

☐ Department of Taxation returned application

6-17-11 BB
Date Initial

Reasons for Approval or Denial and Other Pertinent Comments:

Michael A. Means
Signature of Official Processing Application

Assessor
Title

10/6/2010
Date



Additional Signature Page
Attach to Application if Necessary

Patricia M Teek
Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

Patricia M Teek
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

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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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

Address/City/State/Zip

Phone Number

FAX Number

