	DOC # 02195
APN (Assessor's Parcel Number):	02/06/2012 08:47 AM Official Rec
007-200-29	Recording requested By EUREKA COUNTY ASSESSOR
001-000 21	Eureka County – NV Mike Rebaleati – Recorde
	Fee: Page 1 o RPTT: Recorded By:
Return this application to:	Book- 528 Page- 0068
Eureka County Assessor) (BB/I) MB/II (IDEN IIDEN
20 South Main Street	
P.O. Box 88	0219542
Eureka, Nevada 89316 Phone (775)237-5270	
1 Hone (773)237-3270	
	This space for Recorder's Use Oaly
/	
Agricultural Use A	ssessment Application
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	y Assessor's Office at the address shown above
no later than June 1". If this application is at	pproved, it will be recorded and become a public record.
1.) Please type in the following information for Attach additional sheets if necessary: **MACHINE P ** KATHLEEN A ETCHE VERPY FAMILY	
Owner: MARK 1 & JENNIFER ETCHEVERRY	Representative:
Address: 7933 CALLOWAY DRIVE	Address:
City/State/Zip: BAKORSFIELD CA 93312	City/State/Zip:
on this parcel, the use would be both agricultuthe agricultural operation. (For instance, raisibees, aquatic agriculture, hydroponic gardens.	or industrial use (For instance, if you farm and live aral and residential). In addition, please describe and crops, livestock, poultry, fur-bearing animals,
Agricultural, graving crops	
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	1
3.) What is the size of the land devoted to ag	ricultural use? 320 Ac 250 + Farmable
4.) Is this parcel contiguous to other lands co	ontrolled by the owner and designated as
agricultural? Yes No	

5.) What is the date the property was originally place agricultural purposes? 12-30-12	
6.) Was this property previously assessed as agricul assessed as agricultural?	tural? If yes, when was it
7.) Was the gross income from agricultural use of the \$5,000 or more? Yes No	he land during the preceding calendar year
8.) Please attach a statement of revenues and experand include a copy of IRS Form F. Additional docuassessor.	ises related to the agricultural use of the land imentation may be requested by the county
The undersigned hereby certify the foregoing infor best of (my) (our) knowledge. (I) (We) understand if this a liens for undetermined amounts. (I) (We) understand that if our responsibility to notify the assessor in writing within 30	any portion of this land is converted to a higher use, it is
EACH OWNER OF RECORD OR HIS AUTHORIZED RE BY A REPRESENTATIVE, THE REPRESENTATIVE M CAPACITY, AND UNDERWHAT AUTHORITY. PLEAS	UST INDICATE FOR WHOM HE IS SIGNING, HIS
Signature of Applicant or Agent	Capacity (Owner, Representative, or Lessee)
Type or Print Name Authority	ority (i.e. Power of Attorney) Date
Address/City/State/Zip	Phone Number FAX Number
FOR USE BY THE COUNTY ASSESS Application Received	OR OR DEPARTMENT OF TAXATION Z/6/2012 NM Date Initial
□ Property Inspected	Date Initial Date Initial
☐ Income Records Inspected: ☐ Written Notice of Approval or Denial Sent to A	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 Cor	Date initial
Approved historic ag property will revi	iew again in Spring 2012
Signature of Official Processing Application	Assessor 2/12/2012 Title Date