APN (Assessor's Parcel Number):	DOC # 022075
NX1-27N-17	Official Recor
UN 010 10	EUREKA COUNTY ASSESSOR Eureka County - NV
Datum Abir application to	Mike Rebaleati - Recorder Fee: Page 1 of 1 RPTT: Recorded By: F
Return this application to: Eureka County Assessor	Book- 533 Page- 0379
20 South Main Street) ARBAN BRHE HERB NOR BRHI HERB 1884 1884 1884 1884 1884 1884 1884
P.O. Box 88 Furnita Navada 80716	
Eureka, Nevada 89316 Phone (775)237-5270	
	This space for Recorder's Use Only
A	
Agricultural Use Asses	sment Application
Return this application to the County Asse. no later than June 1 st . If this application is approve	
IF MORE SPACE IS NEEDED, PLEASE ATTACH AD APPLICAT 1.) Please type in the following information for each Attach additional sheets if necessary:	TON.
Owner: Calvin Dak + Rita Stitze,	Representative:
Address: <u>P1950 Pinion, Rd</u> City/State/Zip: E/Ko, M 89801	Address: City/State/Zip:
2.) Describe all the uses of the land for which you a such as agricultural, residential, commercial, or induon this parcel, the use would be both agricultural arthe agricultural operation. (For instance, raising crobees, aquatic agriculture, hydroponic gardens.) Sec. 25 [132]	ustrial use (For instance, if you farm and live and residential). In addition, please describe
3.) What is the size of the land devoted to agricult	ural use? / section
4.) Is this parcel contiguous to other lands control agricultural? Yes No	led by the owner and designated as

5.) What is the date the property was originally placed in agricultural purposes? When purchased.	n service by the owners listed above for
6.) Was this property previously assessed as agricultural assessed as agricultural?	and the second s
7.) Was the gross income from agricultural use of the lar \$5,000 or more? Yes No	nd during the preceding calendar year ——
8.) Please attach a statement of revenues and expenses rand include a copy of IRS Form F. Additional document assessor. Not necessary - 1 H	tation 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 popular responsibility to notify the assessor in writing within 30 days of	ation is approved, this property may be subject to portion 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 I CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TY	INDICATE FOR WHOM HE IS SIGNING, HIS
Signature of Applicant or Agent Ca	Asta Statzel apacity (Owner, Representative, or Lessee)
Calvin Dale Stitze/ Type or Print Name Authority	(i.e. Power of Attorney) Date
	(
1950 Pinian Rol Address/City/State/Zip	775-934- 1985 775-754-22 Phone Number FAX Number
FOR USE BY THE COUNTY ASSESSOR OF Application Received	OR DEPARTMENT OF TAXATION 7/13/12
Property Inspected	Date / Initial 7/1/3/12 Man
☐ Income Records Inspected:	Date Initial
☐ Written Notice of Approval or Denial Sent to Applica	Date Initial
Application forwarded to Department of Taxation	Date Initial
\ / /	Date Initial
Department of Taxation returned application	Date Initial
Reasons for Approval or Denial and Other Pertinent Commen	on
Michael A Messo	A68ESSOR 7/13/2012
Signature of Official Processing Application	Title Dale