DOC # 0220894 08/07/2012 APN (Assessor's Parcel Number): Official Record Recording requested By EUREKA COUNTY ASSESSOR Eureka County - NV 005-670-38 Mike Rebaleati - Recorder Page 1 Recorded By: FES PDTT. Book- 535 Page-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 Oaly Agricultural Use Assessment Application Return this application to the County Assessor's Office at the address shown above no later than June 1th. 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: Carl F. & Sharon Ann Sagowski Trustee for Family Treast Address: HC 105 BOX 30 City/State/Zip: Carlin DU 89822 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 - Livestock

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

agricultural? Yes _____ No _____

4.) Is this parcel contiguous to other lands controlled by the owner and designated as

5.) What is the date the property was originally placed in service agricultural purposes? <u>Tanuary</u> 10, 2012	e by the owners	listed above for
6.) Was this property previously assessed as agricultural?	o If yes, w	then was it
7.) Was the gross income from agricultural use of the land duri \$5,000 or more? YesNo	ng the preceding	calendar year
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. (1) (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 CARAGITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.		
Signature of Applicant of Agent Capacity (Owner, Representative, or Lessee)		
Shanon Ann Slagowski		8-3-12
Type or Print Name Authority (i.e. Power of Attorney) Date		
HC 65 BOX 30 Caplin NU 89820 _	78-754-2	FAX Number
Address/City/State/Zip P	hone Num <u>ber</u>	FAX Number
FOR USE BY THE COUNTY ASSESSOR OR DEPA	8/6/2012	ATION MM Initial
☐ Property Inspected	8/6/2012	Mm Initial
□ Income Records Inspected:		Initial
Wrinen Notice of Approval or Denial Sent to Applicant		Initial
☐ Application forwarded to Department of Taxation	Date	
 Department of Taxation returned application 	Date	Initial
Reasons for Approval or Denial and Other Pertinent Comments:	Date	Initial
Part of ranch operation - livestock	grazing	01/1
Signature of Official Processing Application Title	ie S SOR	8 6 2012 Date