

Official Record

Recording requested By
EUREKA COUNTY ASSESSOREureka County - NV
Mike Rebaleati - RecorderFee: Page 1 of 3
RPTT: Recorded By: FES
Book- 540 Page- 0207

0221738

APN (Assessor's Parcel Number):

005-670-26

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: CARL F. and Sharon Ann
SLAGOWSKI Family Trust
Address: Highway Box 30
City/State/Zip: CARLIN, NEV. 89822Representative: _____
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.)This property will not be lived on and will be returned
to grazing land as this is a livestock operation
only and will be used in conjunction with other
property owned by SLAGOWSKI Ranches Inc.3.) What is the size of the land devoted to agricultural use? 100%4.) Is this parcel contiguous to other lands controlled by the owner and designated as
agricultural? Yes ✓ No _____

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OCT 22 2012

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? Sept. 28, 2012

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 _____ 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.

Carl F. Slagowski
Signature of Applicant or Agent

Owner - Trustee
Capacity (Owner, Representative, or Lessee)

CARL F. Slagowski
Type or Print Name

Oct. 17, 2012
Authority (i.e. Power of Attorney) Date

Hc65 Box 30 Carlin, NE 68822 715-754-2377
Address/City/State/Zip Phone Number

Same (Call First)
FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>10/22/2012</u> Date	<u>mm</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>10/22/2012</u> Date	<u>mm</u> Initial
<input type="checkbox"/> Income Records Inspected:	_____ Date	_____ Initial
<input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	_____ Date	_____ Initial
<input type="checkbox"/> Application forwarded to Department of Taxation	_____ Date	_____ Initial
<input type="checkbox"/> Department of Taxation returned application	_____ Date	_____ Initial
Reasons for Approval or Denial and Other Pertinent Comments: <u>Approved - will be utilized for cattle grazing</u>		
<u>Michael A. Means</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>10/22/2012</u> Date



Additional Signature Page
Attach to Application if Necessary

Sharon Ann Slagowski
Signature of Applicant or Agent

Owner - Trustee
Capacity (Owner, Representative, or Lessee)

Sharon Ann Slagowski
Type or Print Name

Authority (i.e. Power of Attorney)

10-17-2012
Date

4065 Box 30 Paelin, NV 89825
Address/City/State/Zip

775-754-2377
Phone Number

Same (Call First)
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

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