

DOC # 0225107

10/29/2013

03:43 PM

Official Record

Recording requested By
EUREKA COUNTY ASSESSOR

Eureka County - NV

Mike Rebaleati - Recorder

Fee Page 1 of 3
RPTT: Recorded By: FES
Book- 556 Page- 0365



0225107

APN (Assessor's Parcel Number):

006-130-05

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: Ira R. and Montira Renner
Address: HC 30 Box 343
City/State/Zip: Spring Creek NV 89815

Representative: _____
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 - livestock, hay

3.) What is the size of the land devoted to agricultural use? 995

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? 10-11-13

6.) Was this property previously assessed as agricultural? yes 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 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.

Ira R. Renner
Signature of Applicant or Agent

owner
Capacity (Owner, Representative, or Lessee)

Ira R. Renner
Type or Print Name

Authority (i.e. Power of Attorney)

10-28-13
Date

HC 30 Box 343 Spring Creek NV 89815
Address/City/State/Zip

775-744-4342
Phone Number

FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>10/29/2013</u> Date	<u>MM</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>10/29/2013</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	<u>MM</u> 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>Historic ag property continuing with livestock/crops</u>		
<u>Michael A. Means</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>10/29/2013</u> Date



Additional Signature Page
Attach to Application if Necessary

Montira Renner _____ Owner _____
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Montira Renner _____ 10-28-13 _____
Type or Print Name Authority (i.e. Power of Attorney) Date

HC 30 Box 343 Spring Creek NV 89815 775-744-4342 _____
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)

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