

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

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

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 1<sup>st</sup>. 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

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