

APN (Assessor's Parcel Number):

5-670-31

**DOC # 0228046**

11/12/2014 03:16 PM

**Official Record**

Recording requested By  
EUREKA COUNTY ASSESSOR

Eureka County - NV

Mike Rebaleati - Recorder

Fee: Page 1 of 3  
RPTT: Recorded By: LH  
Book- 573 Page- 0248



0228046

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 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: CJS Slagowski Family Trust  
Address: HC 65 Box 30  
City/State/Zip: Carlin NV 89822

Representative: Sharon Slagowski  
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.)

Cattle grazing, hay crops

3.) What is the size of the land devoted to agricultural use? 76.51 Ac

4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes X No \_\_\_\_\_

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 8/11/2014

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 K 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.

Sharon Ann Slagowski Trustee  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Sharon Ann Slagowski 11-12-14  
Type or Print Name Authority (i.e. Power of Attorney) Date

Hc65 Box 30 Carlin NV 89822 775-754-0377 Same  
Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input type="checkbox"/> Application Received	<u>11/12/2014</u>	<u>MLM</u>
	Date	Initial
<input type="checkbox"/> Property Inspected	<u>11/12/2014</u>	<u>MLM</u>
	Date	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 - part of grazing for Slagowski Ranches</u>		
<u>Michael A Meads</u>	<u>Assessor</u>	<u>11/12/2014</u>
Signature of Official Processing Application	Title	Date



Additional Signature Page  
Attach to Application if Necessary

\_\_\_\_\_  
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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Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

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