

APN (Assessor's Parcel Number):

004-290-20

Return this application to:

**Eureka County Assessor**  
20 South Main Street  
P.O. Box 88  
Eureka, Nevada 89316  
Phone (775)237-5270

**DOC # 0229181**

03/02/2015

04:48 PM

**Official Record**

Recording requested By  
EUREKA COUNTY ASSESSOR

**Eureka County - NV**

**Sara Simmons - Recorder**

Fee: \_\_\_\_\_ Page 1 of 3  
RPTT: \_\_\_\_\_ Recorded By: LH  
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0229181

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: Michael Tangreen  
Address: Box 1177  
City/State/Zip: Cork 89822

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.)

Farm undeveloped sage brush

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

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

**RECEIVED**

**MAR - 2 2015**

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? 12/11/14

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 \_\_\_\_\_ No X

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.

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

Mike Tangreen \_\_\_\_\_ 2-25-15  
Type or Print Name Authority (i.e. Power of Attorney) Date

Box 1177 Carlin, NV 89822 775-397-2400 \_\_\_\_\_  
Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input type="checkbox"/> Application Received	<u>3/2/2015</u>	<u>MM</u>
	Date	Initial
<input type="checkbox"/> Property Inspected	_____	_____
	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>Denied - does not meet income requirement</u>		
<u>Michael A. Means</u>	<u>Assessor</u>	<u>3/2/2015</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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