

APN # _____

Recording Requested By:

Name Eureka County Assessor

Address PO Box 88

City/State/Zip Eureka NV 89316

DOC # 0229266

04/21/2015

02:50 PM

Official Record

Recording requested By
EUREKA COUNTY ASSESSOR

Eureka County - NV

Sara Simmons - Recorder

Fee:

Page 1 of 3

RPTT:

Recorded By: LH

Book- 578 Page- 0066



0229266

Application For Ag Use
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

APN (Assessor's Parcel Number):

007-350-05, 007-360-01, 007-360-25, 007-360-09, 007-360-11,
007-360-13, 007-360-14, 007-360-16, 007-360-19, 008-090-03
007-360-24

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: BECK PROPERTIES
Address: HC 60 BOX 44501
City/State/Zip: ROUND MT. NV 89045

Representative: ROBERT BECK
Address: GAME
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.)

LIVESTOCK GRADING

3.) What is the size of the land devoted to agricultural use? 120 ACRES

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? 11/23/15

6.) Was this property previously assessed as agricultural? X If yes, when was it assessed as agricultural? 2013/14

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes X 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.

[Signature] PARTNER
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

ROBERT BECK
Type or Print Name Authority (i.e. Power of Attorney) Date

HC RD BOX 44501 TOWN OF MT. NV. 89045 775-346-0572
Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input type="checkbox"/> Application Received	Date <u>3/6/2015</u>	Initial <u>mm</u>
<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>Grazing leases on place</u>		
<u>Michael A. Mears</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>4/21/2015</u> Date

