

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 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: BECK PROPERTIES  
Address: HC 60 BOX 44501  
City/State/Zip: ROUND MT. NV 89005

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  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 MONT. NV. 775-346-0572  
Address/City/State/Zip 89045 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:  
Grazing leases on place

Michael A Mears Assessor 4/21/2015  
Signature of Official Processing Application Title Date

