APN (Assessor's Parcel Number):	<u>@</u>
008~260-02	DOC # 0232226
Return this application to: Eureka County Assessor 20 South Main Street P.O. Box 88 Eureka, Nevada 89316 Phone (775)237-5270	Official Record Recording requested By JERRY E TODD Eureka County - NV Lisa Hoehne - Recorder Fee: Page 1 of 2 RPTT: Recorded By: CH Book-597 Page- 0301
	This space for Recorder's Use Only
Agricultural Use Ass	essment Application
Return this application to the County As no later than June 1st. If this application is approached. If MORE SPACE IS NEEDED, PLEASE ATTACH APPLICATION. 1.) Please type in the following information for exact Attach additional sheets if necessary: Owner: Jerry F. Todd Address: P.O. Box 23 City/State/Zip: Fureka, No. 87316 2.) Describe all the uses of the land for which you such as agricultural, residential, commercial, or in on this parcel, the use would be both agricultural the agricultural operation. (For instance, raising	ATION. ach owner of record or his representative. Representative: Address: City/State/Zip: u are requesting an agricultural designation, and ustrial use (For instance, if you farm and live and residential). In addition, please describe
3.) What is the size of the land devoted to agricultural? Yes No	ultural use? 640 Cass

5.) What is the date the property was originally placed in service by the owners listed above for
agricultural purposes? <u>1964</u> + <u>1995</u> 6.) Was this property previously assessed as agricultural? <u>yes</u> If yes, when was it assessed as agricultural? <u>1964</u> + <u>1995</u>
7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? 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.
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)
Terry E. Toud Type or Print Name Authority (i.e. Power of Attorney) Date
PO. Bot 73 Eureka, No. 89316 237-5224 Address/City/State/Zip FAX Number FAX Number
FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION Application Received Application Received Property Inspected
O Income Records Inspected: Date Initial Date Initial
☐ Written Notice of Approval or Denial Sent to Applicant ☐ Date Initial ☐ Application forwarded to Department of Taxation
Date Initial Department of Taxation returned application
Reasons for Approval or Denial and Other Pertinent Comments:
Maharth Means Assessar 11-9-2016. Signature of Official Processing Application Title Date