APN (Assessor's Parcel Number):

007-440-18,007-440-28,007-440-29

Return this application to:

Cureka County Assessor

20 South Main Street

P.O. Box 88

Eureka, Nevada 89316

Phone (775)237-5270

EUREKA COUNTY, NV
This is a no fee document

2017-233932

NO FEE

10/23/2017 10:57 AM

EUREKA COUNTY ASSESSOR

Pgs=2



LISA HOEHNE, RECORDER

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^{st} . 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: Lynder or Susam Milher Representative:				
Address: AC62 Box 62155 Address:				
Owner: Lynderd or Susam Miller Representative: Address: AC62 Box 62155 City/State/Zip: Evreka NV 8936 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)				
Agricultural raising crops				
3.) What is the size of the land devoted to agricultural use? 375 acc ?rrigated				
313 337 11 7				
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 agnicultural purposes? <u>69-</u>	was originally placed in ser 20 17	rvice by the owners l	isted above for
6) Was this property previously assessed as agricultural? ??	assessed as agricultural?	Yes If yes. w	nen was it
7.) Was the gross income from a \$5,000 or more? Yes	No		\ \
8.) Please attach a statement of and include a copy of IRS Form assessor.	revenues and expenses rela F. Additional documentat	ited to the agriculturation may be requested	al use of the land by the county
The undersigned hereby cert best of (my) (our) knowledge. (I) (Whitens for undetermined amounts. (I) (our responsibility to notify the assessed	We) understand that it any port	on is approved, this prop ion of this land is conver	erry may be subject to
EACH OWNER OF RECORD OR H BY A REPRESENTATIVE, THE R CAPACITY, AND UNDER WHAT	EDRESENTATIVE MUST IN	DICATE FOR MHONE	HE 12 210141140, 102
Signature of Applicant or Agen	nt Capa	acity (Owner, Repres	entative, or Lessee)
Lyndore Miller Type or Print Name	Authority (i	.e. Power of Attome	v) Date
HC62 Box62155 2 Address/City/State/Zip			
FOR USE BY Application Received	THE COUNTY ASSESSOR OR	DEPARTMENT OF TAX	Mim
Property Inspected		10 23 17 Date	MM Initial
□ Income Records Inspect		Date	Initial
	oval or Denial Sent to Applican o Department of Taxation	Date	Initial
Department of Taxation	<u></u>	Date	Initial
Realons for Approval or Denial	and Other Pertinent Comments	Date	laitial
Mate HAM	afilmorny may pr	Assesso	10/23/17
Signature of Official Processing	Application	Title	Date