EUREKA COUNTY, NV 2017-234620 This is a no fee document 12/21/2017 11:29 AM NO FEE APN (Assessor's Parcel Number): **EUREKA COUNTY ASSESSOR** Pgs=2 07-210-37 Return this application to: LISA HOEHNE, RECORDER Eureka County Assessor 20 South Main Street P.O. Box 88 Eureka, Nevada 89316 Phone (775)237-5270 This space for Recorder's Lise Only Agricultural Use Assessment Application Return this application to the County Assessor's Office at the address shown above no later than June 1". 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: Representative City/State/Zip: Eureka N 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) raising crops, livestone 3.) What is the size of the land devoted to agricultural use? ____(250 ac

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? Oct 26/2017 land was purposed from previous agricultural purposes? | 2. |
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| 6.) Was this property previously assessed as agricultural? 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 | |
| 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 convened 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 LOIDER WHAT AUTHORITY PLEASE TYPE THE NAME UNDER EACH SIGNATURE. **REPRESENTATIVE - TREASURER **REPRESENTATIVE MUST SIGN BELOW IF SIGNED **REPRESENTATIVE MUST SIGN BELOW IF SI | |
| Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee) Sand Lewis Beastle 2/13/2017 Type or Print Name Authority (i.e. Power of Attorney) Date | |
| Type or Print Name Authority (i.e. Power of Attorney) Date 1558 Gatavay AR, Suite 202 Address/City/State/Zip Acro NV 89502 Phone Number FAX Number | |
| FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION Application Received Date Initial Property Inspected Date Initial Initial | |
| □ Income Records Inspected □ 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 Date | |
| Readons for Approval or Denial and Other Pertinent Comments | |
| Michael AMus ASSESSOF 12-17 | |
| Signature of Official Processing Application Title Date | |