

APN (Assessor's Parcel Number):

5-650-31

EUREKA COUNTY, NV

2018-234624

This is a no fee document

NO FEE

01/02/2018 02:21 PM

EUREKA COUNTY ASSESSOR

Pgs=3



LISA HOEHNE, RECORDER

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: <u>Carl and Sharon Slagowski Family Trust</u>	Representative: _____
Address: <u>5-650-31</u>	Address: _____
City/State/Zip: <u>CARLIN NEV 89822</u>	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 )

P grazing

3.) What is the size of the land devoted to agricultural use? 152.54 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? April 14, 2017

6) Was this property previously assessed as agricultural? No 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 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.

Carl F. Slagowski \_\_\_\_\_ OWNER  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

CARL F. SLAGOWSKI \_\_\_\_\_ 12/28/17  
Type or Print Name Authority (i.e. Power of Attorney) Date

HC 65 BOX 30 CARLITA NE 189822 775-751-2377 \_\_\_\_\_  
Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input type="checkbox"/> Application Received	<u>11/2/18</u> Date	<u>MLM</u> Initial
<input type="checkbox"/> Property Inspected	<u>11/2/18</u> Date	<u>MLM</u> 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>Approved part of large ranch operation</u>		
<u>Michael A. Means</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>11/2/2018</u> Date

Additional Signature Page  
Attach to Application if Necessary

Sharon Ann Slagowski Trustee  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Sharon Ann Slagowski  
Type or Print Name Authority (i.e. Power of Attorney) Date

HC 65 Box 30, Coelin, NV 89822 175754-2377 Same  
Address/City/State/Zip Phone Number FAX Number

\_\_\_\_\_  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

\_\_\_\_\_  
Type or Print Name Authority (i.e. Power of Attorney) Date

\_\_\_\_\_  
Address/City/State/Zip Phone Number FAX Number

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

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

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