WHEN RECORDED MAIL TO:

Slage as Shi Banches Tic

He 65 Box 35

CARLIN 1/21 598 2-2

APPLICATION

APPLICATION FOR AGRICULTURAL USE ASSESSMENT

THIS PROPERTY MAY BE SUBJECT TO LIENS FOR UNDETERMINED AMOUNTS

EUREKA COUNTY, NV
This is a no fee document

2018-235016

04/30/2018 03:02 PM

NO FEE

EUREKA COUNTY ASSESSOR

Pgs=2



LISA HOEHNE, RECORDER

Pursuant to Nevada Revised Statues, Chapter 361A, I/We, Slagewski Ranches Tric. (Please print or type the name of each owner of record or his representative) Hereby make application to be granted, on the below described agricultural land, and assessment based upon the agricultural use of this land.

I/We understand that if this application is	I/We have owned the land since	
approved, it will be recorded and become a	I/We certify that the gross income from agricultural	
public record. This agricultural land consists of	Use of the land during the preceding calendar year	
acres, is located in	was \$5,000 or more. YesNo	
Eureka County, Nevada, and is described as:	If yes, attach proof of income.	
Assessor's Parcel #_	I/We have used it for agricultural purposes since	
005-650-16		
Legal Description:	The agricultural use of the land is: (i.e., grazing,	
SECTION 15 T28.6 R5/E	pasture, cultivated, dairy, etc.)	
MDBM	9RHZITIG	
	Was the property previously assessed as	
	agricultural?UES	
\ \	If so, when?	

I/We hereby certify that the foregoing information submitted is true, accurate and complete to the best of my/our knowledge. I/We understand that 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. Each owner of record or his authorized representative must sign. Representative must indicate for whom he is signing. in what capacity and under what authority.

Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

CARI F. Stagowski'

Type or Print Name

HIC 65 Box 35

Address/City/State/Zip

Address/City/State/Zip

Telephone Number

Capacity (Owner, Representative, or Lessee)

Type or Print Name

HIC 65 Box 35

Address/City/State/Zip

Telephone Number

FAX Number

Eureka County Assessor		\ \
P.O. Box 88		\ \
P.O. Box 88 Euroka, PV 89316	_	
FOR USE BY THE COUNTY ASSES	SOR OR DEPT (OF TAXATION
♦ Application Received	4/30/2018	hu
♦ Property Inspected	Date 4/30/2010	Initials MM
♦ Income Records Inspected	Date	Initials
Written Notice of Approval or Denial	Date	Initials
Sent to applicant Application forwarded to Dept of	Date	Initials
Taxation ♦ Dept of Taxation returned application	Date	Initials
	Date	Initials
Reasons for approval or denial and other pertin	ent information:	
Approved part of Tanch graz	ing operation	<u> </u>
Michael Mean		
Signature of Assessor or Dept. employee proces	ssing application	
Assessor	4/30/2018	7
Title	Date	

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