

WHEN RECORDED MAIL TO:
Eureka County Assessor
P.O. Box 88
Eureka, Nevada 89316

APPLICATION FOR AGRICULTURAL USE ASSESSMENT

THIS PROPERTY MAY BE SUBJECT TO LIENS
FOR UNDETERMINED AMOUNTS

EUREKA COUNTY, NV
LAND-AUA

Total: \$0.00

EUREKA COUNTY ASSESSOR

2021-245565
08/11/2021 10:08 AM

Pgs=2



00013054202102455650020027

LISA HOEHNE, CLERK RECORDER

Pursuant to Nevada Revised Statutes, Chapter 361A, I/We,
(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
approved, it will be recorded and become a
public record. This agricultural land consists of
320 acres, is located in
Eureka County, Nevada, and is described as:

Assessor's Parcel #

07-210-016

Legal Description:

Section 23, S2

T21N R53E M.D.B.E.M.

I/We have owned the land since 7/19/2021

I/We certify that the gross income from agricultural
Use of the land during the preceding calendar year
was \$5,000 or more. Yes ☒ No ☐

If yes, attach proof of income.

I/We have used it for agricultural purposes since

The agricultural use of the land is: (i.e., grazing,
pasture, cultivated, dairy, etc.)

cultivated

Was the property previously assessed as
agricultural? ?

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

Type or Print Name

Jeffrey J. Lommori
P.O. Box 231 Smith NV 89430

Address/City/State/Zip

Capacity (Owner, Representative, or Lessee)

Authority (i.e., Power of Attorney)

Date

775-465-9553
Telephone Number

775-465-9653
FAX Number

APN: 007-210-06


Signature of Applicant or Agent

Owner

Capacity (Owner, Representative, or Lessee)

Jeffrey J. Lommori
Type or Print Name

Authority (i.e., Power of Attorney)

Date

8-3-21

PO Box 231 Smithville TN 37078
Address/City/State/Zip

775-465-7553
Telephone Number

775-465-9653
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

Telephone Number

FAX Number

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