APPLICATION FOR AGRICULTURAL USE ASSESSMENT Note: If necessary, attach extra pages. Pursuant to Nevada Revised Statutes, Chapter 361A (I) (We). Allerman rest (Please print or type the name of each owner of record of his representative.) hereby make application to be granted, on the below described agricultural lard, an 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 143 Acares, is located in County. 200-05 (752 (ZOACRES) (6.05 sessor's koll or farcel humber(s)) Revada and is described as 17-9-020-120/3 Z3ACRES Legal description, _ (I) (We) certify that the gross income from agricultural use of the land during the preceding calon are year was \$2,500 or more. Yes No ______ If yes, attach proof of income. (I) (We) have owned the land since (I) (We) have used it for agricultural purposes since | 100410

The agricultural use of the land presently is (i.e. grazing, pasture, cultivated, dairy, etc.) Was the property previously assessed as agricultural? Is so, when? If the land was not previously classified as agricultural, how is it now being prepared to qualify for agricultural assessment? When did preparation begin to convert property to agricultural use? Will the projected income on this property be \$2,500 or more?

If yes, describe the projected operation and include projected income calculation. (I) (We) hereby certify that the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (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, and attach written proof of his authority.)

Signature of Applicant We Assert Signatur Date FOOTHILL ROad Gerdnerville Nevada none liumber

Signature of Applicant or Agent

Pare

Prone Lumber

Signature of Applicant or Agent

Date

Phone Number

Signature of Applicant or Agent

Date

Address

111554

Phone Eurber

DEPM 11

Address

Address

BOOK 1284 PAGE 1982

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION Date application received Date property inspected (If applicable) Date income records inspected (If applicable) Income to be provided during December 5 (Date) Approved ____ Denied ____ Written notice of approval or denial sent to applicant. (Date) If approved, application recorded (Date) (Initial) Department of Taxation: Application returned to assessor for valuation and entry on the roll (Date) (Initial) Reasons for approval or denial and other pertinent comments: agriculture

Barbar J. Sunda Signature of Assessor of Department Employee Processing Application)

Appendix

(Title)

December 5 1984 (Date)

CE TAXATION

111554BOOK**1284** PACE**1983**

