

APPLICATION FOR AGRICULTURAL USE ASSESSMENT  
Note: If necessary, attach extra pages.

Pursuant to Nevada Revised Statutes, Chapter 361A (NRS) (We),

HEROY H. STORKE

LOIS E STORKE

RECEIVED  
DEC 1 0 1984  
ASSESSOR'S OFFICE  
DOUGLAS COUNTY

(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, an assessment upon the agricultural use of this land.

(We) understand that if this application is approved, it will be recorded and become a public record.

This agricultural land consists of 64 acres, is located in DOUGLAS County, Nevada and is described as APN 19-240-03  
(Assessor's Roll or Parcel Number(s))

Legal description, Sec. 7, TWP 12N R1G 20E  
69.6 Acres

(We) certify that the gross income from agricultural use of the land during the preceding calendar year was \$2,500 or more. Yes  No . If yes, attach proof of income.

(We) have owned the land since 1950.

(We) have used it for agricultural purposes since 1950.  
The agricultural use of the land presently is (i.e. grazing, pasture, cultivated, dairy, etc.)  
DAIRY

Was the property previously assessed as agricultural? YES. 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? YES  
If yes, describe the projected operation and include projected income calculation.

(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.)

Heroy H. Storke Signature of Applicant or Agent 12-1-84 Date

Address \_\_\_\_\_ 265 3615 Phone Number

Lois E. Storke Signature of Applicant or Agent 12/1/84 Date

Address Box 249, Gardnerville 265-3615 Phone Number

Address \_\_\_\_\_ 80:59 SS 729 25 Phone Number

Signature of Applicant or Agent \_\_\_\_\_ Date

Address \_\_\_\_\_ 113850 Phone Number

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