

Lincoln County

APPLICATION FOR AGRICULTURAL USE ASSESSMENT
THIS PROPERTY MAY BE SUBJECT TO LIENS FOR UNDETERMINED AMOUNTS
(PLEASE READ CAREFULLY THE ATTACHED INFORMATION AND INSTRUCTION SHEET)

Note: If necessary, attach extra pages.
and to Nevada Revised Statutes, Chapter 361.A (1) (We),

Nan L. Jenkins
Pamela A. Jenkins

we print or type the name of each owner of record or his representative)
y make application to be granted, on the below described agricultural land, an assessment based upon the agri-
-rual use of this land.

We understand that if this application is approved, it will be recorded and become a public record.
agricultural land consists of 12.7 acres, is located in Lincoln County, Nevada and is
-bed as _____

(Assessor's Parcel Number(s))
Description 12-120-15 + 12-120-13

(We) certify that the gross income from agricultural use of the land during the preceding calendar year was
-0 or more. Yes No . If yes, attach proof of income.

(We) have owned the land since _____

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

the property previously assessed as agricultural yes. If so, when 12/1/77

(We) hereby certify that the foregoing information submitted is true, accurate and complete to the best of (my
-) knowledge. (I) (We) understand that if this application is approved, this property may be subject to liens
-undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher use, it is
-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.) Please print name under each signature.

Lark W. Jenkins 8-28-91
Signature of Applicant or Agent Date

Box 449 Pamela Jenkins 728-4253
Address Phone Number

Signature of Applicant or Agent Date

Address Phone Number

Signature of Applicant or Agent Date

Address Phone Number



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Lincoln County

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

Date application received 8/28/91 SM
(Initial)

Date property inspected (if applicable) 9/12/91 SM
(Initial)

Date income records inspected (if applicable) 10/29/91 SM
(Initial)

Approved Denied 10/29/91 SM
(Date) (Initial)

Written notice of approval or denial sent to applicant. 10/29/91 SM
(Date) (Initial)

If approved, application recorded: 11/10/91 SM
(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:

This person will receive the \$5000 yearly
plus income as their income tax status.

William T. Howard, SM Deputy
(Signature of Assessor or Department Employee Processing Application)

SM DEPUTY
(Title)

12/10/91
(Date)

097881

Lincoln County Assessor

December 10, 1991

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07/09/92

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Ghonda Zher, Deputy

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