

Return this application to:

Agricultural Use Assessment Application

REVIEW THE ATTACHED INSTRUCTION SHEET FOR DIRECTIONS ON HOW TO FILL OUT THIS FORM. IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION.

1.) Please type in the name and address of each owner of record or his representative:

Owner: F. Marley Wilson Owner: _____
 Address: P.O. Box 147 Address: _____
 City/State/Zip: Enterprise Utah 84125 City/State/Zip: _____

2.) What is the size of the subject parcel? _____
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 12-100-11 012-170-27,002 270-01

4.) Legal Description: See att # FF

5.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes No _____
If yes, attach proof of income.

6.) Date the property was originally placed in service by the owners listed above for agricultural purposes 6-20-02

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

8.) Was this property previously assessed as agricultural? 1955 If yes, when was it assessed as agricultural? 1955

The undersigned hereby certify the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand 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 of the conversion.

EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF SIGNED BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

<u><i>[Signature]</i></u>	<u><i>Trustee</i></u>	<u><i>[Signature]</i></u>	<u><i>5/2/07</i></u>
Signature of Applicant or Agent	Capacity	Authority	Date

Print Name of Applicant or Agent

_____ Address	_____ Phone Number
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_____ Signature of Applicant or Agent	_____ Capacity	_____ Authority	_____ Date
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Print Name of Applicant or Agent

_____ Address	_____ Phone Number
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_____ Signature of Applicant or Agent	_____ Capacity	_____ Authority	_____ Date
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Print Name of Applicant or Agent

_____ Address	_____ Phone Number
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Attach additional signatures as necessary.

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

- Application Received 5/2/02 *WTh*
- Property Inspected 5/4/02 *WTh*
- Income Records Inspected: 5/4/02 *WTh*
- Written Notice of Approval or Denial Sent to Applicant 5/4/02 *WTh*
- Application forwarded to Department of Taxation Date Initial
- Department of Taxation returned application Date Initial

Reasons for Approval or Denial and Other Pertinent Comments:

This property has (2) PLOTS a/a Total of 360 ACS of Cultivated land. There is some Pasture & Grazing lands also.

William Lloyd
 Signature of Official Processing Application
Richard W. ... May 5/2002
 Title Date

THIS SPACE FOR RECORDERS ONLY

FILED FOR RECORDING
 AT THE REQUEST OF
 Lincoln Co. Assessor
 2002 MAY 2 11 11 AM 112
 CLERK OF COUNTY RECORDS
 DEPT. TMS
 1431 W. BROWN ST.

11 11 2002 11:23