Po Box 420
Pioche NV 89043

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: Douglas & Susan Barlow Owner: William & Shirley Bunker
Address: P.O. Box 398 Address: P.O. Box
City/State/Zip: Logandale, NV 89021 City/State/Zip: Logandale, NV 89021
2.) What is the size of the subject parcel? 28 Acres
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).
3.) APN (Assessor's Parcel Number): 008-291-23
4.) Legal Description:
Parcel 1 as shown on Parcel Map for Grassy Knoll Development, LLC filed in
office of the County Recorder of Lincoln County on April 25, 2000 in Book B
Fape 103 of plats as File No. 114402 located in a portion of NEL Continue 22
and we have Section 22, Township 7 South, Range 61 East, M.D.B.&M
5.) Was the gross income from agricultural use of the land during the preceding calendar year
S5,000 or more? Yes X No
If yes, attach proof of income,
6.) Date the property was originally placed in service by the owners listed above for agricultural
purposes _3/30/2001 .
7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.) Pasture
8.) Was this property previously assessed as agricultural? Yes. If yes, when was it assessed as agricultural? Part of Floyd Lambs Buckhorn Ranch.

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The undersigned hereby certify the	foregoing informa	tion submitted	s true, accurate	and
complete to the best of (my) (our)	onowledge. (D (W	e) understand if	this application	n ie
approved, this property may be sub that if any portion of this land is co	ject to Hens for un nverted to a higher	use, it is our re	unts. (I) (We) sponsibility to	understand
assessor in writing within 30 days of	of the conversion.		sponsionity to	иошу. ше
EACH OWNER OF RECORD OR	HIS ALTHODIZE	ED DEDDESCN	T 4 (TITL 17) 47 10	- arau-
BELOW. IF SIGNED BY A REPR	RESENTATIVE, T	HE REPRESEN	TATIVE MIL	TZ
INDICATE FOR WHOM HE IS SI	GNING, HIS CAP	ACITY, AND	UNDER WHA	T
AUTHORITY. PLEASE TYPE TH	IE NAME UNDE	R EACH SIGNA	ATURE.	
Longles Barlow	- Burner			5/19/03
Signature of Applicant or Agent	Capacity	Aı	thority	Date
Douglas_Barlow	1	1	/ /	
Print Name of Applicant or Agent				
Address Loganda	le, NV 89021		(702) 398-32	2.7
Address	The state of the s	Ph	one Number	
Sul Bular	లియట	× \	1	5/19/03
Signature of Applicant or Agent	Capacity	Au	thority	Date

Attach additional signatures as necessary.

Susan Barlow
Print Name of Applicant or Agent

Signature of Applicant or Agent

Print Name of Applicant or Agent

SAME Address

Address

Date

Phone Number

Phone Number

Authority

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.

-William Bunk	4 020	ner	/	5-19-03
Signature of Applicant or Agent	Capacity	1	Authority	Date
William Bunker			\/ /	r .
Print Name of Applicant or Agent			~ /	
	andale, NV	89021	<u>(702) 398-3</u>	0 = 0
Address		V 1	Phone Number	
Shile Bucher	-		7	5-19-03
Signature of Applicant or Agent	Capacity		Authority	Date
Shirly Bunker		/ /)
Print Name of Applicant or Agent SAME		/ /	SAME	/
Address			Phone Number	
Signature of Applicant or Agent	Capacity	7	Authority	Date
Print Name of Applicant or Agent		//		
Address			Phone Number	

Attach additional signatures as necessary.

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Name of Proprietor Name of Proprietor	M + BARLAN		-	_	Social Security Humba	(2219
DOUGLAS K & SUSA	One or Two Words Your Principa		Count To Mile			
		· ·	CAPIEIR 183 198.		B Enter Code from Pr	
SEEF CALLE KAND	HING AND FARMING	<u>, </u>			_	1.12111
	a. ⊠a		/n. /	- N	D Employer IQ Numb	=r (S.H), If Any
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	nd other items you bought			<u> </u>	3,573.	
	of livestock and other item	•	1 <u>.</u>	2	1,450	
	line 1				3	7,12
	roduce, grains, and other		d	::::::::::::::::::::::::::::::::::::::	4	
	tions (Form(s) 1099-PATR)		- N	5b Taxable amou	nt 5b	
	payments (see instruction			b Taxable amou	nt 6b	
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b CCC toans forfeited		7b	The same of the sa	c Taxable amou	nt 7c	
B Crop insurance process	eeds and certain disaster	payments (see ins	tructions):	- N.	±190	
a Amount received in	2001	8a	- N. I.	b Taxable amou		
c if election to defer to	2002 is attached, check	here >	8d Amoun	t deferred from 2	000 8d	
	ne work) income		N		9	
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Part II 133 Farm Experence (second		crual Method.	Do not include pers		T	7,12
- also attach Form 4562			25 Pension and p	7.	t=	
13 Chemicals	13		26 Rent or lease (see instructions)	HE I	
14 Conservation expen			a Vehicles, mach		S. Circu	
(see instructions) .			and equipment	4	······· <u>:55</u> a	
15 Custom hire (machin	ne work) 15		b Other (land, ar			
16 Depreciation and Se	ection 179	The Real Property lies and the Personal Property lies and the	27 Repairs and m		······ <u>27</u>	2,83
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17 Employee benefit or	ograms	-	30 Supplies purch			2,60
other than on line 2			31 Taxes		<u>:म</u>	
18 Feed purchased	·	3,476.	32 Utilities,		······ <u>¤</u>	
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20 Freight and trucking			34 Other expense	s (specify):	320	
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35 Total expenses. Add	. Subtract line 35 from line 11. If loss, you must go on to line 37 (f a profit, enter on Form (estates, trusts, and par	i 1040, illne 18, and also d therships, see instructions	м ;)		-10,13
35 Total expenses. Add 36 Net farm profit or (loss) Schedule SE, line 1. If a	. Subtract line 35 from line 11. If loss, you must go on to line 37 (you must check the box th	(estates, trusts, and par	tnerships, see instructions		<u> </u>	-10, 13

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<i>,</i>	Date	Initial .
□ Property Inspected	05 123/	03 188
A	Date	Initial 1.
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	Date	Initial
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