

Return this application to:

120987

### Agricultural Use Assessment Application

FILED FOR RECORDING  
 AT THE REQUEST OF  
 Lincoln County Assessor  
 APR 30 AM 10 25  
 LINCOLN COUNTY DEPT. OF REVENUE  
 FEE   
 LESLIE BOUCHER DEPT

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: Ramon H. Schmutz Owner: N/A  
 Address: Box 75 Address: \_\_\_\_\_  
 City/State/Zip: Hiko, NV 89017 City/State/Zip: \_\_\_\_\_

2.) What is the size of the subject parcel? 47.5 Acres  
 (Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 11-058-08

4.) Legal Description:  
W 1/2 W 1/2 NE 1/4; W 1/2 SE 1/4 SW 1/4 NE 1/4; SW 1/4 NE 1/4 SW 1/4 NE 1/4, Sec. 28;  
Township 4 South, Range 60 East N.M.

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 Approx 1999 (Date of purchase)

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

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

land was purchased by me from BLM

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.

Ramon H. Schmutz      Owner      \_\_\_\_\_      8/14/03  
Signature of Applicant or Agent      Capacity      Authority      Date

Ramon H. Schmutz  
Print Name of Applicant or Agent  
Box 75 Hiko, NV 89017      (775) 725-3881  
Address      Phone Number

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

\_\_\_\_\_  
Print Name of Applicant or Agent

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

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

\_\_\_\_\_  
Print Name of Applicant or Agent

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

Attach additional signatures as necessary.

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

- Application Received 08/13/03 Wth
- Property Inspected Date: 08/20/03 Initial: Wth
- Income Records Inspected: Date: 08/20/03 Initial: Wth
- Written Notice of Approval or Denial Sent to Applicant Date: 08/20/03 Initial: Wth
- Application forwarded to Department of Taxation Date: N/A Initial: \_\_\_\_\_
- Department of Taxation returned application Date: N/A Initial: \_\_\_\_\_

Reasons for Approval or Denial and Other Pertinent Comments:

This is his home. He and farmstead but is attached to his  
pasture land which easily makes the 5000 needed.

*[Signature]*  
 Signature of Official Processing Application  
*[Signature]* 08/20/03  
 Title Date

THIS SPACE FOR RECORDERS ONLY