

FILED AND RECORDED AT REQUEST OF  
Lincoln County Assessor  
May 23 2004  
AT 30 MINUTES PAST 10 O'CLOCK  
A.M. IN BOOK 187 OF OFFICIAL  
RECORDS, PAGE 22 LINCOLN  
COUNTY, NEVADA.

Return this application to:

Leslie Boucher  
COUNTY RECORDER  
By Debra Lewis  
Deputy

### 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: Phillip & Joseph Boucher Owner: \_\_\_\_\_  
Address: 10113 K... .. Address: \_\_\_\_\_  
City/State/Zip: Las Vegas, NV 89119 City/State/Zip: \_\_\_\_\_

2.) What is the size of the subject parcel? 1.54 A 10.201 sq ft  
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 7-254-01

4.) Legal Description: 7-254-01 LOT 1 BLK 75

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. as part of assessed valuation

6.) Date the property was originally placed in service by the owners listed above for agricultural  
purposes 3-7-2003

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

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

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.

Willard R Phillips Trustee 104 7000 024  
Signature of Applicant or Agent Capacity Authority Date

WILLARD R PHILLIPS  
Print Name of Applicant or Agent  
1043 GRANADA MANOR 435 675 2077  
Address Phone Number  
WILMINGTON CT 06702

\_\_\_\_\_  
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 05/14/04 WTH  
Date Initial
- Property Inspected 05/21/04 WTH  
Date Initial
- Income Records Inspected: 05/21/04 WTH  
Date Initial
- Written Notice of Approval or Denial Sent to Applicant 05/25/04 WTH  
Date Initial
- 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 3.2c A.C.S. with additional 105 A.C.S. in Panacea reflect  
of pasture and Alpha Hay land will easily make the  
175,000 BASS needed.

William Hoop  
Signature of Official Processing Application

County Assessor 05/21/04  
Title Date

THIS SPACE FOR RECORDERS ONLY