

FILED FOR RECORDING  
AT THE REQUEST OF

Lincoln County Assessor

2004 AUG 2 AM 11 08

LINCOLN COUNTY RECORDER  
FEE NO Fee DEP  
LESLIE BOUCHER *LB*

### 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: BLAIRA + Blasia Isom Owner: \_\_\_\_\_  
Address: 4032 N. Penaha Way Address: \_\_\_\_\_  
City/State/Zip: Las Vegas NV 89129 City/State/Zip: \_\_\_\_\_

2.) What is the size of the subject parcel? 100 Acres  
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 52271-02; 03 07

4.) Legal Description: Delme Division  
Parcel 2 Parcel #3 Parcel 5B  
of Delme Division into of Delme Division into of Delme Parcel  
Large Page 450 BKB 19 pks BKB pg 450 MAP BK B 449

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 30 Years 1971

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

8.) Was this property previously assessed as agricultural? Yes If yes, when was it assessed as agricultural? 2003

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.

[Signature]      [Signature]      \_\_\_\_\_      8/2/01  
Signature of Applicant or Agent      Capacity      Authority      Date

Lee Pearson  
Print Name of Applicant or Agent  
HC 24 Box 260 Picheon      775-462-1522  
Address      89093      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 06/24/04 *WTH*
- Property Inspected Date 06/25/04 Initial *WTH*
- Income Records Inspected: Date 06/25/04 Initial *WTH*
- Written Notice of Approval or Denial Sent to Applicant Date 06/25/04 Initial *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:

*The fee person at the operation runs approximately 60 head of cattle on this property for 4 months. The market value of a head of cattle is \$750.00 each or a total of \$5,250.00*

*William Lloyd*  
 \_\_\_\_\_  
 Signature of Official Processing Application

*General Manager* 06/28/04  
 Title Date

THIS SPACE FOR RECORDERS ONLY