

FILED FOR RECORDING
AT THE REQUEST OF

Lincoln County Assessor

2004 AUG 25 AM 10 06

LINCOLN COUNTY RECORDER
FEE NO fee SEP
LESLIE BOUCHER RB

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: WILLIAM H. PAGE Owner: _____
Address: P.O. BOX 216 Address: _____
City/State/Zip: SPRUELAND, CA City/State/Zip: _____

2.) What is the size of the subject parcel? 40 ACRES
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): APN 012-210-02

4.) Legal Description:
S 1/4 SE 1/4 OF SEC. 16 TOWNSHIP 2 SOUTH
RAUSE 63 EAST, M.D. 3, T.M. LINCOLN COUNTY NEV.

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

6.) Date the property was originally placed in service by the owners listed above for agricultural purposes ? ORIGINAL
PROBABLY MORE THAN 20 YEARS AGO

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

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.

[Signature] owner _____ 7/29/04
Signature of Applicant or Agent Capacity Authority Date

WILLIAM H. DAGG
Print Name of Applicant or Agent
P.O. BOX 216 209-962-6566
Address GEORGETOWN, CA. 95321 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 08/02/04 with
- Property Inspected Date 08/06/04 Initial with
- Income Records Inspected: Date 08/06/04 Initial with
- Written Notice of Approval or Denial Sent to Applicant Date 8/19/04 Initial with
- 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 is Denied because of Land not worked for several years.
The application also states the property has not made the \$5,000
in the previous year to qualify.
In the future the owner should reapply when he can verify the \$5,000 gross
per year.

[Signature]
 Signature of Official Processing Application

[Signature] 8/18/04
 Title Date

THIS SPACE FOR RECORDERS ONLY