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FILED FOR RECORDING
AT THE REQUEST OF

Lincoln County Assessor

2007 AUG 27 AM 10 19

LINCOLN COUNTY REGISTERED
FEE LESLIE BOGNER DEPT. TND

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: Tara C. Clark Owner: _____
Address: P.O. Box 117 #3 Delmo Ranch Road Address: _____
City/State/Zip: Pioche WY 89003 City/State/Zip: _____

2.) What is the size of the subject parcel? 4 acres
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 012 - 070 - 05

4.) Legal Description:
All that portion of Lot 3 and the NE Quarter (NE 1/4) of the SW Quarter
(SW 1/4) See 7 Township 1 So., Range 9 East
* Conveying 3rd Class - Cultivation 1st Class M.D.B.E.M. *
R. 1st Sec. + Lot 3

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. Unknown - assuming yes as it has been
taxed Grazing 3rd Class - Cultivation 1st Class

6.) Date the property was originally placed in service by the owners listed above for agricultural
purposes _____

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

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

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.

Tara Clark Owner — 8/16/01
Signature of Applicant or Agent Capacity Authority Date

Tara Clark
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

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

- | | | |
|--|-----------------|------------|
| <input checked="" type="checkbox"/> Application Received | <u>08/16/04</u> | <u>WTH</u> |
| | Date | Initial |
| <input checked="" type="checkbox"/> Property Inspected | <u>08/19/04</u> | <u>WTH</u> |
| | Date | Initial |
| <input checked="" type="checkbox"/> Income Records Inspected: | <u>08/26/04</u> | <u>WTH</u> |
| | Date | Initial |
| <input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant | <u>08/27/04</u> | <u>WTH</u> |
| | Date | Initial |
| <input type="checkbox"/> Application forwarded to Department of Taxation | _____ | _____ |
| | Date | Initial |
| <input type="checkbox"/> Department of Taxation returned application | _____ | _____ |
| | Date | Initial |

Reasons for Approval or Denial and Other Pertinent Comments:

William H. Hoff
Signature of Official Processing Application

Assessor 08/27/2004
Title Date

THIS SPACE FOR RECORDERS ONLY