

FILED FOR RECORDING
AT THE REQUEST OF
Sep 1 2004 7:54 P.03

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Lincoln County Assessor

APN (Assessor's Parcel Number):

2005 MAR 15 PM 2 31

Eight 5 acre parcels: 005-161-34, 005-161-35, 005-161-36, 005-161-37,
005-161-38, 005-161-39, 005-161-40, + 005-161-41.

Return this application to:
XXXXXXXXXX County Assessor
Address
City, Nevada 89700

LESLIE BOUCHER

This space for Recorder's Use Only

Agricultural Use Assessment Application

Return this application to the County Assessor's Office at the address shown above
no later than June 1st. If this application is approved, it will be recorded and become a public record.

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION.

1.) Please type in the following information for each owner of record or his representative.
Attach additional sheets if necessary:

Owner: Steven DeRillo Representative: _____
Address: 9340 Storage Avenue Address: _____
City/State/Zip: Las Vegas NV 89129 City/State/Zip: _____

2.) Describe all the uses of the land for which you are requesting an agricultural designation, such as agricultural, residential, commercial, or industrial use (For instance, if you farm and live on this parcel, the use would be both agricultural and residential). In addition, please describe the agricultural operation. (For instance, raising crops, livestock, poultry, fur-bearing animals, bees, aquatic agriculture, hydroponic gardens.)

The acres that are suitable for irrigation will be converted back to agricultural land for providing pasture for livestock & wildlife. Approximately 15718 acres will be converted.

3.) What is the size of the land devoted to agricultural use? 40 acres

4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes _____ No X

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5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? Jan 1 2005

6.) Was this property previously assessed as agricultural? Yes If yes, when was it assessed as agricultural? Many years ago

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes 7 No

8.) Please attach a statement of revenues and expenses related to the agricultural use of the land and include a copy of IRS Form F. Additional documentation may be requested by the county assessor.

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.

Steven DeFilico Owner
 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Steven DeFilico 2/8/2005
 Type or Print Name Authority (i.e. Power of Attorney) Date

9340 Stage Avenue Las Vegas NV 89129 702 271 1890
 Address/City/State/Zip Phone Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>3/1/05</u>	<u>at h</u>
	Date	Initial
<input checked="" type="checkbox"/> Property inspected	<u>2/3/05</u>	<u>at h</u>
	Date	Initial
<input checked="" type="checkbox"/> Income Records Inspected:	<u>3/3/05</u>	<u>at h</u>
	Date	Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	<u>3/16/05</u>	<u>at h</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:		
<u>[Signature]</u>	<u>[Signature]</u>	<u>3/16/05</u>
Signature of Official Processing Application	Title	Date

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Additional Signature Page
Attach to Application if Necessary

[Handwritten Signature]

Signature of Applicant or Agent

OWNER
Capacity (Owner, Representative, or Lessee)

Loren A & Holly Pribyl
Type or Print Name

Authority (i.e. Power of Attorney) Date

9060 Hickam Ave Las Vegas, NV 89129 702-645-2882
Address/City/State/Zip Phone Number

[Handwritten Signature]

Signature of Applicant or Agent

OWNER
Capacity (Owner, Representative, or Lessee)

Edward V & Marguerite A Pribyl
Type or Print Name

Authority (i.e. Power of Attorney) Date

4530 EVERGREEN PL. LAS VEGAS NV 89107 702-898-3090
Address/City/State/Zip Phone Number

Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

Type or Print Name

Authority (i.e. Power of Attorney) Date

Address/City/State/Zip

Phone Number

Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

Type or Print Name

Authority (i.e. Power of Attorney) Date

Address/City/State/Zip

Phone Number