

APN _____

APN _____

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FILED FOR RECORDING
AT THE REQUEST OF

Lincoln County Assessor

2005 MAR 28 PM 2 15

LINCOLN COUNTY RECORDED
FEES Fee DEPA
LESLIE BOUCHER

Agricultural Use Assessment
Title of Document

*This document is being recorded because
the parcel numbers were left off.*

Grantees address and mail tax statement:

W

Page 1 of 3

APN (Assessor's Parcel Number):

SEE attached

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

FILED FOR RECORDING
AT THE REQUEST OF
Lincoln County Assessor
2005 MAR 28 AM 11 49
LINCOLN COUNTY RECORDER
FEE No Fee DEP ace
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: <u>Pyramid Land Partners</u>	Representative: <u>Debi Blauds</u>
Address: <u>6295 Wingfield Springs Rd</u>	Address: <u>same</u>
City/State/Zip: <u>Sparks NV 89436</u>	City/State/Zip: <u>same</u>

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.)

livestock + crops

3.) What is the size of the land devoted to agricultural use? approximately 2,100 acres

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

Page 2 of 3

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 9/17/2004

6.) Was this property previously assessed as agricultural? YES If yes, when was it assessed as agricultural? approx 1920

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes X 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.

Filed as Corporation - no Form F available

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.

James White
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee) owner

Harry Whittemore
Type or Print Name Authority (i.e. Power of Attorney) 11/4/04
Date

6295 Wingsid Springs Rd Sparks NV 775 626-6000
Address/City/State/Zip Phone Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>11/07/04</u>	<u>WTH</u>
	Date	Initial
<input checked="" type="checkbox"/> Property inspected	<u>11/14/04</u>	<u>WTH</u>
	Date	Initial
<input checked="" type="checkbox"/> Income Records Inspected:	<u>1/24/04</u>	<u>WTH</u>
	Date	Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	<u>03/28/05</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:		
<u>William T. Lamb</u>	<u>Assessor</u>	<u>03/28/05</u>
Signature of Official Processing Application	Title	Date

MCCROSKY RANCH
 HC 74 BOX 170
 PIOCHE, NV. 89043
 2003

INCOME	CHECKING	INCOME	EXPENSES
PASTURE		3569.00	
HAY		400.00	
PIPE		1000.00	
TRACTOR		300.00	
TOTAL		5269.00	
EXPENSES			
LINCOLN COUNTY TREASURER TAXES			1233.89
UNITED AMERICAN			2744.70
COUNTY COMPANIES INS. RANCH			913.13
FARM BUREAU			75.00
SEC. OF STATE			85.00
LINCOLN COUNTY TREASURER LANDFILL			120.00
BANK FEES			82.63
DIV. OF ENVIRONMENTAL PROTECTION			
PETROLIUM FUND			100.00
BRAND FEES			200.00
LINCOLN COUNTY POWER			3979.82
PARTS			410.04
PUMP FOR WELL			695.32
GAS			190.40
TOTALS			9596.04

McCrosky Ranch APN #'s

005-171-22

005-171-26

005-171-36

005-171-38

005-171-41

005-131-27

005-141-10

005-161-03

005-141-02

005-131-14

006-201-06

006-301-07

006-251-03

006-281-15

006-281-02

006-281-13

006-281-08

006-281-03

005-171-07

006-261-27

006-261-29

005-171-29

006-261-09

006-261-10

006-261-15

006-261-14

006-061-01

006-061-02

006-061-03

006-271-21

