

Page 1 of 3

1 2 4 3 6 3

APN (Assessor's Parcel Number):

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

FILED FOR RECORDING  
AT THE REQUEST OF

Lincoln County Assessor

2005 APR 21 PM 2 29

LINCOLN COUNTY RECORDER  
FEE No Fee DEP cu  
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 1<sup>st</sup>. 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: Michael J Rosa Irrevocable Representative: Jimmie Rosa  
Address: PO Box 855 1215 Address: 20 Box 855  
City/State/Zip: KAPAA HA 96746 City/State/Zip: KAPAA HA 96746

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.)

irrigated meadow + Grazing

3.) What is the size of the land devoted to agricultural use? 75.50

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

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

6.) Was this property previously assessed as agricultural? yes If yes, when was it assessed as agricultural? 1960

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.

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 Michael Rosa  
Signature of Applicant or Agent

James Michael Rosa Trustee  
Capacity (Owner, Representative, or Lessee)

James Michael Rosa  
Type or Print Name

Trustee 1-10-2005  
Authority (i.e. Power of Attorney) Date

Box 855 Kapaaha 96746  
Address/City/State/Zip

562-696-7389  
Phone Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	Date	Initial
<input type="checkbox"/> Property Inspected	Date	Initial
<input checked="" type="checkbox"/> Income Records Inspected:	Date	Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	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. [Signature]</u>		
Signature of Official Processing Application	Title	Date
	<u>Trustee</u>	<u>1/10/05</u>