APN/2-210-/1+34,36+37	Lincoln County - NV Leslie Boucher - Recorder
APN 12-100-14	Fee: Page 1 of 3 RPTT: Recorded By: DP Book- 242 Page- 0398
APN	Ø131774
Carcullus Us assissmon	nt application
Affirmation Statement	
X I, the undersigned hereby affirm that the attached document, is submitted for recording does not contain the social security number of a 239B.030)	ncluding any exhibits, hereby any person or persons. (Per NRS
I, the undersigned hereby affirm that the attached document, is submitted for recording does contain the social security number of a per	ncluding any exhibits, hereby rson or persons as required by
law:(State specific law)	
melanime Bride assisson	
Melanie Mbride	
10-20-08 Date	
Grantees address and mail tax statement:	
Grantes address and man tax statement.	

DOC # 0131774

06/20/2008 02:13 PM

Official
Recording requested By
LINCOLN COUNTY ASSESSOR

Record

0131774 Book: 242 06/20/2008 Page: 2 of 3

APN (Assessor's Parcel Number):

012-216-11/012-216-34+36+39

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

This space for Recorder's Use Only

P. 03

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: Torner Lincoln Ranch LLC Representative: Nelson Harfen

Address: P.C. Box 142 Address: E43 E. 970 South Circle

City/State/Zip: Mesquite, NV 89027 City/State/Zip: Sta George GT E4776

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.)

Agricultural - Raising Cops

- 3.) What is the size of the land devoted to agricultural use? 300 + Ac -s
- 4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes 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? 3/25/02
6.) Was this property previously assessed as agricultural? YES If yes, when was it assessed as agricultural? ~ (A
7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes 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.
Signature of Applicant & Agent Capacity (Owner, Representative, or Lessee)
Type or Print Name Authority (i.e. Power of Attorney) Date
843 6 970 Sc Circle, St. Garge, UT 84790 435-632-7666
Address/City/State/Zip Phone Number
FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION Application Received Application Received Date Intrini Income Records Inspected: To application Received S-20-08 Intrini Intr
Written Notice of Approval or Denial Sent to Applicant Date Initial Date Initial Initial Initial
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 peoplety to primarily 15 to 4th Culture alfalfa:
Signature of Official Processing Application Title Date