DOC # 0133825

06/01/2009

04 - 24 PM

Official Record

Recording requested By
LINCOLN COUNTY ASSESSOR
Lincoln County - NV

Lincoln County - NV Leslie Boucher - Recorder

Fee: RPTT: Page 1 of 3 Recorded By: AE

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Return this application to:

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.) I case type in the name and addies of each owner of record of his representative.
Owner: BOYD C. BULLOCH Owner: PATRICIA BULLOCH Address: 821 E. LONE MOUNTAIN RD Address: 821 E. LONE MOUNTAIN RD City/State/Zip: N. LAS VEGAS NV 89081 City/State/Zip: N. LAS VEGAS NV 89081
2.) What is the size of the subject parcel? ASSESSOF Combining with partial parcels less than 20 acres will be referred to the Department of Taxation for approval Durble 2-051-01 2081-01 2-171-01 3.) APN (Assessor's Parcel Number): 2-041-01 2-111-01 2-201-01
4.) Legal Description: All of FRACTIONAL Blocks (88,69,70,71,73 +74 as) delheated on the affinal plat of the Town of
5.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes No No If yes, attach proof of income.
6.) Date the property was originally placed in service by the owners listed above for agricultural purposes 1934.
7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.) RASTUPE 8.) Was this property previously assessed as agricultural?
11111

ShDiv - DOAS\Locally Assessed\Forms Proposed\Ag Application 4-02.doc

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 REPRINDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, A		
AUTHORITY, PLEASE TYPE THE NAME UNDER EACH S		
Soffull OWNER		5/29/00
Signature of Applicant or Agent Capacity	Authority	Date
BOYD CIBULIAN)	
Print Name of Applicant or Agent 821 E. LONE MOUNTAIN RD NLV INU	702-164	2-1116
Address 89081	Phone Number	
Satrice Bulleck		5 29109
Signature of Applicant or Agent Capacity	Authority	Date
- Partricia Bulloca		
Print Name of Applicant or Agent 821 E. LONE MOUNTAIN ROYLVIN	1702-64	2-1116
Address 3908(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

X	Application Received	6-1-09 Date	MM [nitia]	
90	Property Inspected	<u>16-1-19</u> Date = 0	mm_ Initial	
¥	Income Records Inspected:	$\frac{1-09}{\text{Date}}$	mm Initial	
þ	Written Notice of Approval or Denial Sent to Applic	/ I A/A	mm_ Initial	
۵	Application forwarded to Department of Taxation	Date	Initial	
Ó	Department of Taxation returned application	Date	Initial	
Reasons for Approval or Denial and Other Pertinent Comments:				
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Do A	MAX ODDUCTED BUIL	nduside	ial Showing hand	
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Title Dai

Date