## DOC # 0142250

11/30/2012

Leslie Boucher

03:45 PM

THI

Official Record
Recording requested By

Recording requested By
LINCOLN COUNTY ASSESSOR

Lincoln County - NV

Fee:

Page 1 of 3 Recorded By: AE

- Recorder

Book- 275 Page- 0360

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.) Please type in the name and address of each owner of record or his representative:
Owner: Brian & Diorah Jean Higher Owner:
Address: P.J. Box 544 Address:
City/State/Zip: Alamo NV 8901 City/State/Zip:
2.) What is the size of the subject parcel? 70.41 ourres
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).
3.) APN (Assessor's Parcel Number): 011-090-13
4.) Legal Description. 3938 Quail Rd. Highway 318, Hiko, UV 89017
NIW14NWW 334, T.45, RGOE 4 NOWNER, SIC.34 T45RGOE
see deed associated w/ above parcel # for further description
5.) Was the gross income from agricultural use of the land during the preceding calendar year
\$5,000 or more? Yes X No No
If yes, attach proof of income. Previous owners have grossed vitor of the income We
S5,000 or more? Yes X No No If yes, attach proof of income. Previous owners have grossed more than \$5,000 but we haven't owned; they year yet so we have no proof of income. We pian on Continuing agricultural production on this land just as the previous 6.) Date the property was originally placed in service by the owners listed above for agricultural owners
6.) Date the property was originally placed in service by the owners listed above for agricultural
purposes 11 2 12.
7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.)
Pasture / Feed lot / hay sales
8.) Was this property previously assessed as agricultural? If yes, when was it
assessed as agricultural? from origanal owners in 1913.
O(1000)

S:\Div - 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 REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

Di so - Wi	owner		11/12/1
Signature of Applicant or Agent	Capacity	Authority	Date
Brian G. Highee Print Name of Applicant or Agent P.U. Box 544 Alam Address	o ,NV 89001	<u>775-725-</u> Phone Number	-3692
Dlorah Gan Highee Signature of Applicant or Agent	Co-owner Capacity	Authority	11/12/12 Date
Diorah Jean Higher Print Name of Applicant or Agent	ce \		
Address		Phone Number	
Signature of Applicant or Agent	Capacity	Authority	Date
Print Name of Applicant or Agent	$\smile$ /		
Address		Phone Number	
Attach additional signatures as neces	ssary.		
· / /	*		

## FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

	Application Received	11-15-6012	mm
	•	Date	Initial 📝
	Property Inspected	11-17-2012 -	mm
	• •	Date	Initial
	Income Records Inspected:	11-20-2012	MM
	•	Date	Initial
	Written Notice of Approval or Denial Sent to Applica	ant 11-212-7012	$mm_{\perp}$
	**	Date	Initial
а	Application forwarded to Department of Taxation	_NA	
_		Date	Initial
	Department of Taxation returned application	NH	
		Date	Initial
asons	for Approval or Denial and Other Pertinent Commen	ts:	

Mulanu KMBudo
Signature of Official Processing Application

) MANADATI

Date