Recording requested By LINCOLN COUNTY ASSESSOR

Lincoln County - NV Leslie Boucher - Recorder

RPTT:

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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.

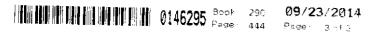
1.) Please type in the name and address of each owner of record or his representative:
Owner: Shane Mathews Owner
Address: PO Bex 426 Address: City/State/Zip: Panaca NV 89042 City/State/Zip:
2.) What is the size of the subject parcel? 200 acres (Parcels less than 20 acres will be referred to the Department of Taxation for approval).
3.) APN (Assessor's Parcel Number): 6-351-03 4 6-351-03
4.) Legal Description:
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 \$\frac{9}{14}\$.
7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.)
8.) Was this property previously assessed as agricultural? Yes. If yes, when was it assessed as agricultural? 50 + yes ago

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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.

Shane R Wathers	Owner/operator		9/22/10
Signature of Applicant or Agent	Capacity Capacity	Authority	Date
Shane R Mathews Print Name of Applicant or Agent			,
POBOX 426 Panaca,	NV 89042	775 728 4	(327
Address		Phone Number	
Signature of Applicant or Agent	Coursian		9/22/p
	Capacity	Authority	'Date
Jenny Mathews			
Print Name of Applicant or Agent			
Address		— <u>Di Xi i</u>	<u> </u>
))	Phone Number	
Signature of Applicant or Agent	Capacity	Authority	Date
		•	
Print Name of Applicant or Agent			
Address		Phone Number	
Attach additional signatures as neces			
and additional signatures as neces	osary.		



FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

Þ	Application Received	9-23-14	_mm	_
X	Property Inspected	9-23-14	Initial — M 100	\triangle
ū	Income Records Inspected:	9-23-14	Initial M	\ \
×	Written Notice of Approval or Denial Sent to Appli	Date Da	Initial	\ \
ü	Application forwarded to Department of Taxation	Date	Initial	\\
٥	Department of Taxation returned application	Date	Initial	_ \ \
Reasons	for Approval or Denial and Other Pertinent Commer	Date nts:	Initial	7
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K	conds quality to	the Ga	USO	Land
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Signature of Official Processing Application

ASSESSOP 9-23-2014

Title