

Official Record

Recording requested By
LINCOLN COUNTY ASSESSOR

Lincoln County - NV
Leslie Boucher - Recorder

Fee: _____ Page 1 of 3
RPTT: _____ Recorded By: AE
Book- 290 Page- 0442



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: <u>Shane Mathews</u>	Owner: _____
Address: <u>PO Box 426</u>	Address: _____
City/State/Zip: <u>Panaca NV 89042</u>	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): 6-351-02 & 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
If yes, attach proof of income.

6.) Date the property was originally placed in service by the owners listed above for agricultural purposes 8/14.

7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.)
Grazing

8.) Was this property previously assessed as agricultural? Yes. If yes, when was it assessed as agricultural? 50+ yrs ago



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 Mathews Owner/operator _____ 9/22/14
Signature of Applicant or Agent Capacity Authority Date

Shane R Mathews
Print Name of Applicant or Agent
PO Box 426 Panaca, NV 89042 775 728 4327
Address Phone Number

Jenny Mathews _____ _____ 9/22/14
Signature of Applicant or Agent Capacity Authority Date

Jenny Mathews
Print Name of Applicant or Agent
same
Address _____ _____
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

- Application Received 9-23-14 mm
Date Initial
- Property Inspected 9-23-14 mm
Date Initial
- Income Records Inspected: 9-23-14 mm
Date Initial
- Written Notice of Approval or Denial Sent to Applicant 9-23-14 mm
Date 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 property and the property owner
Records qualify for the Ag. Use Land
Values

Melanie K. McBride
 Signature of Official Processing Application

ASSESSOR 9-23-2014
 Title Date