

Official Record

THIS

Recording requested By
LINCOLN COUNTY ASSESSOR

Lincoln County - NV
Leslie Boucher - Recorder

Fee: Page 1 of 3
RPTT: Recorded By: AE
Book- 294 Page- 0466



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: LEASON NEST EGG Owner: _____
Address: 7840 VILLA FINESTRA Address: _____
City/State/Zip: NAS VEGAS NV 89138 City/State/Zip: _____

2.) What is the size of the subject parcel? 37.750 AC AND 3.23 AC (THESE ARE CONTIGUOUS)
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 004-141-68 AND 008-031-10

4.) Legal Description:
PTL 3A1 OF THE MARSHA LEASON SUBSEQUENT PARCEL MAP
RECORDED IN BOOK C PAGE 483 FILE # 133950 AND PORT OF R61E
T7S SEC 5

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. SEE ATTACHED FOR EXPLANATION.

6.) Date the property was originally placed in service by the owners listed above for agricultural
purposes 4/1999.

7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.)
GRAZING AND GROWING AND HARVESTING WILD HAY.

8.) Was this property previously assessed as agricultural? YES. If yes, when was it
assessed as agricultural? APPROX. 1945



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.

Marsha Leason Trustee Trustee 3/27/15
Signature of Applicant or Agent Capacity Authority Date

MARSHA LEASON
Print Name of Applicant or Agent
7040 VILLA FINESTRA DR
Address GAS VEGAS, NV. 89128 702-256-3816
Phone Number

Jack L. Leason Trustee Trustee 3/27/15
Signature of Applicant or Agent Capacity Authority Date

JACK L. LEASON
Print Name of Applicant or Agent

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.



0147292

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

- Application Received Date 4-8-15 Initial MMH
- Property Inspected Date 3-19-15 Initial MMH
- Income Records Inspected: Date 4-13-15 Initial MMH
- Written Notice of Approval or Denial Sent to Applicant Date 4-13-15 Initial MMH
- Application forwarded to Department of Taxation Date _____ Initial _____
- Department of Taxation returned application Date _____ Initial _____

Reasons for Approval or Denial and Other Pertinent Comments:

Approved, A9 AT THIS TIME IS HIGHEST & BEST USE

Mark R Holt
Signature of Official Processing Application

L.C. ASSESSOR 4-13-2015
Title Date

