

THIS



0147493

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>Lee Angus LLC</u>	Owner: _____
Address: <u>PO Box 123</u>	Address: _____
City/State/Zip: <u>Paraca, NV 89042</u>	City/State/Zip: _____

2.) What is the size of the subject parcel? 40 acres
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 012-040-05

4.) Legal Description: R 68E, T 1S, Sec 32 & 33

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 04/23/15.

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

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



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.

Kenny Lee Owner _____ 05/04/15
Signature of Applicant or Agent Capacity Authority Date

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

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 MLA 4-12-2015
Date Initial
- Property Inspected MLA 4-12-2015
Date Initial
- Income Records Inspected: MLA 4-12-2015
Date Initial
- Written Notice of Approval or Denial Sent to Applicant MLA 4-12-2015
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:

Hay Field with Pivot 40 Acres I know it
will meet the 5,000. Income

Mark R. Hay
Signature of Official Processing Application

C. C. ASSESSOR 4-12-2015
Title Date

