



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: H Craig Cloward Owner: _____
Address: HC 74 Box 262-5 Address: _____
City/State/Zip: Roche, NV 89043 City/State/Zip: _____

2.) What is the size of the subject parcel? 42.14 & 40
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 005-161-06 & 006-071-13

4.) Legal Description:
the Northwest 1/4 of the Southwest 1/4 of Section 15, Township 5 North, Range 69 East Lincoln County NV
NW 1/4 of Section 5 Township 2 North, Range 70 East,
and SW 1/4 of Section 32, Township 3 North, Range 70 East

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 July 10, 2010 & July 24, 2013

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? Lytle's?



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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.

[Signature] Owner 6-9-15
Signature of Applicant or Agent Capacity Authority Date

H Craig Cloward
Print Name of Applicant or Agent
HC 74 Box 262-S, Pioche NV 89043 801-380-9218
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 _____ Date MA Initial MA
- Property Inspected _____ Date MA Initial MA
- Income Records Inspected: _____ Date MA Initial MA
- Written Notice of Approval or Denial Sent to Applicant _____ Date MA Initial MA
- Application forwarded to Department of Taxation _____ Date _____ Initial _____
- Department of Taxation returned application _____ Date _____ Initial _____

Reasons for Approval or Denial and Other Pertinent Comments:
Meadow Pasture Grazing or Mountain Grazing

Mad R Hall
 Signature of Official Processing Application

ASSESSOR _____ 6-11-2015
 Title Date