

THIS

Official Record

Recording requested By
LINCOLN COUNTY ASSESSOR

Lincoln County - NV

Leslie Boucher - Recorder

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RPTT: Recorded By: LB
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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: JAMES Gordon Cole Owner: _____
Address: PO Box 295 Address: _____
City/State/Zip: Pioche NV. 89043 City/State/Zip: _____

2.) What is the size of the subject parcel? 15.900
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 012-120-27

4.) Legal Description:
APN 12-120-27 Parcel 1 + Parcel 2 16.55 ACRES

5.) Was the gross income from agricultural use of the land during the preceding calendar year
\$5,000 or more? Yes X No _____
If yes, attach proof of income.

6.) Date the property was originally placed in service by the owners listed above for agricultural
purposes 2001.

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

8.) Was this property previously assessed as agricultural? YES. If yes, when was it
assessed as agricultural? 2001 - 2015



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.

James Gordon Cole Owner Authority 8-13-15
Signature of Applicant or Agent Capacity Authority Date

Jim Cole
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.



0148179

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FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

- Application Received 8/13 MLA
Date Initial
- Property Inspected 8/13 MLA
Date Initial
- Income Records Inspected: 8/13 MLA
Date Initial
- Written Notice of Approval or Denial Sent to Applicant 8/13 MLA
Date Initial
- Application forwarded to Department of Taxation _____
Date Initial
- Department of Taxation returned application _____
Date Initial

Verbal

Reasons for Approval or Denial and Other Pertinent Comments:

LEFT in A9, Family Sale

Mark R. Half
 Signature of Official Processing Application

L.C. ASSESSOR 8-13-2015
 Title Date

