

THJ

Official Record

Recording requested By  
LINCOLN COUNTY ASSESSOR

Lincoln County - NV  
Leslie Boucher - Recorder

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RPTT: Recorded By: HB  
Book- 299 Page- 0453



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: ADAM Katschke Owner: \_\_\_\_\_  
Address: Box 253 Address: \_\_\_\_\_  
City/State/Zip: Caliente NV 89008 City/State/Zip: NEVADA, 89008

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

3.) APN (Assessor's Parcel Number): 012-210-07

4.) Legal Description: R68E T25 SEC 20

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

6.) Date the property was originally placed in service by the owners listed above for agricultural purposes 2015.


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

8.) Was this property previously assessed as agricultural? No. 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.

  
 Signature of Applicant or Agent      Owner      Capacity      Authority      11/12/15      Date

Adam Katschke  
 Print Name of Applicant or Agent

Po Box 253 Caliente, NV 89008      801-542-1056  
 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.



0148567

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FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

- Application Received 11-16-15 MLH  
Date Initial
- Property Inspected 11-16-15 MLH  
Date Initial
- Income Records Inspected: \_\_\_\_\_  
Date Initial
- Written Notice of Approval or Denial Sent to Applicant 11-16-15 MLH  
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:

Property joins 75 ACRE + 120 ACRE pdl All used For  
GRAZING

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Mark R Holt  
 Signature of Official Processing Application

L.C. ASSESSOR 11-16-2015  
 Title Date