

THIS

Official Record

Recording requested By
LINCOLN COUNTY ASSESSOR

Lincoln County - NV

Leslie Boucher - Recorder

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RPTT: Recorded By: LB

Book- 300 Page- 0114



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: Jamos H Bourne III Owner: Misty D Bourne
Address: PO Box 277 Address: PO Box 277
City/State/Zip: Pioche NV 89043 City/State/Zip: Pioche NV 89043

2.) What is the size of the subject parcel? 160 AC
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): G05-161-04

4.) Legal Description:
NE 1/4 SE 1/4; W 1/2 SE 1/4 SE 1/4 SW 1/4
sect/lot 11 Town/Block 5N Range 70E

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 5-28-13.

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

8.) Was this property previously assessed as agricultural? yes. If yes, when was it
assessed as agricultural? this was assessed ag when we purchased it
& we placed an application at that time or title insurance
would not insure. Assessor informed title Application had been
approved. we have been paying unprov tax for 2 years.



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.

<u>James Bourne</u>	<u>Owner</u>	<u>SELF</u>	<u>11/9/15</u>
Signature of Applicant or Agent	Capacity	Authority	Date
<u>James Bourne</u>			
Print Name of Applicant or Agent			

_____	_____	_____	_____
Address		Phone Number	
<u>Misty Bourne</u>	<u>OWNER</u>	<u>SELF</u>	<u>11/9/2015</u>
Signature of Applicant or Agent	Capacity	Authority	Date
<u>MISTY BOURNE</u>			
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 12-10-2015 NOA
Date Initial
- Property Inspected 12-10-2015 NOA
Date Initial
- Income Records Inspected: 12-10-2015 NOA
Date Initial
- Written Notice of Approval or Denial Sent to Applicant _____
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:

HAS BEEN AGE BEFORE THEY WENT BACK INTO AG

Mark R Holt
Signature of Official Processing Application

ASSESSOR 12-10-2015
Date

