

Official Record

Recording requested By
LINCOLN COUNTY ASSESSOR

Lincoln County - NV
Leslie Boucher - Recorder

Fee: _____ Page 1 of 3
RPTT: _____ Recorded By: HB
Book- 305 Page- 0627

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: Blue Mountain Ranches of Nevada, LLC Owner: _____
Address: 4021 Port Chicago Highway Address: _____
City/State/Zip: Concord, CA 94520 City/State/Zip: _____

2.) What is the size of the subject parcel? A total of approximately 7,323 acres.
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 005-031-01; 005-181-04; 006-251-03; 006-281-02
006-281-03; 006-281-08; 006-281-13; 006-281-15; 006-301-32.

4.) Legal Description:
No Change.

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

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

7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.)
No Change.

8.) Was this property previously assessed as agricultural? Yes. If yes, when was it
assessed as agricultural? No Change.

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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.

Emilia Cagill Chief operating officer. 8/26/16
Signature of Applicant or Agent Capacity Authority Date

EMILIA Cagill in behalf of General Vice President
Print Name of Applicant or Agent Capacity Authority
Blue Mountain Ranches of Nevada LLC
owned by Albert D. Seer Jr.

4021 PWA Chicago Highway Albert: 925-671-7711
CONCORD CA 94520 EMILIA 702-422-1433
Address 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

8-29-16 MBH

Date Initial

Property Inspected

8-29-16 MBH

Date Initial

Income Records Inspected:

8-29-16 MBH

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:

Still Ag. Name Change only

Mark R. Holt
Signature of Official Processing Application

Assessor 8-29-16
Title Date