

THIS

Official Record

Recording requested By
LINCOLN COUNTY ASSESSOR

Lincoln County - NV
Leslie Boucher - Recorder

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RPTT: Recorded By: LB
Book- 310 Page- 0283



0151184

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: Bpard LLC Owner: _____
Address: PO Box 745 Address: _____
City/State/Zip: PO Box NV 89043 City/State/Zip: _____

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

3.) APN (Assessor's Parcel Number): 006-201-10, 006-201-17, 006-201-18, 006-201-19,
006-201-20, 006-201-27, 006-201-29

4.) Legal Description:
All = Township 2 North, Range 67 East, Part of Section 21 & Section 22

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 4/7/17.

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

8.) Was this property previously assessed as agricultural? yes. If yes, when was it
assessed as agricultural? 1997

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.

Donice Brown _____ Owner _____ 4/14/17 _____
Signature of Applicant or Agent Capacity Authority Date

Donice Brown
Print Name of Applicant or Agent
PO Box 745, Prichard, NV 89043 _____ 775-962-5484 _____
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 4-19-17 *MA*
- Property Inspected Date 4-19-17 Initial *MA*
- Income Records Inspected: Date 4-19-17 Initial *MA*
- Written Notice of Approval or Denial Sent to Applicant Date 4-19-17 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:

Split 8 Mile Farms (Brother + Sister) B Bar D LLC Income
Under 8 Mile Farms will cover 5,000 Requirement easily

Mark R. Hall
 Signature of Official Processing Application

ASSESSOR 4-18-2017
 Title Date

