

THE

Official Record
Recording requested By
ASSESSORS

Lincoln County - NV
Leslie Boucher - Recorder

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RPTT: Recorded By: AK
Book- 311 Page- 0464



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:

OUT-BACH RANCH L.L.C. § NEV. A.G. CO.
Owner: CLIFFORD BACH Owner: JACQUELINE BACH
Address: BOX 908 Address: BOX 908
City/State/Zip: PANAMA, NV 89042 City/State/Zip: PANAMA NV 89042

2.) What is the size of the subject parcel? 23.6 AC
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 012-230-08

4.) Legal Description:
4037 U.S 93 50
PANAMA NV 89042

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

6.) Date the property was originally placed in service by the owners listed above for agricultural purposes 4-1-14.

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

8.) Was this property previously assessed as agricultural? NO. If yes, when was it assessed as agricultural? NA

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] MANAGER OWNER 5-30-17
 Signature of Applicant or Agent Capacity Authority Date

CLIFFORD BACH
 Print Name of Applicant or Agent
Box 908 Panacea NV 89042 702-271-3037
 Address Phone Number

Jacqueline Bach co-manager OWNER 5-30-17
 Signature of Applicant or Agent Capacity Authority Date

JACQUELINE BACH
 Print Name of Applicant or Agent
P.O. Box 908 Panacea NV 89042 702-271-7550
 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 MAY 30/17 WKA
Date Initial
- Property Inspected MAY 30/17 WKA
Date Initial
- Income Records Inspected: MAY 30/17 WKA
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:

Growing & Selling Hay

Mark R. Kelly
Signature of Official Processing Application

ASSESSOR MAY 30/17
Date