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Official Record

Recording requested By
LINCOLN COUNTY ASSESSORS

Lincoln County - NV
Leslie Boucher - Recorder

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RPTT: Recorded By: AK
Book- 315 Page- 0312

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: Kena Glocker Owner: Patrick Glocker
Address: HC 74 Box 237 Address: HC 74 Box 237
City/State/Zip: Proche, NV 89043 City/State/Zip: Proche NV 89043

2.) What is the size of the subject parcel? 131 acres
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 066 - 061 - 04

4.) Legal Des All of the land situate south of the fence traversing diagonally the following described property:
The SE¼, the SW¼SE¼NE¼, SW¼SE¼SE¼NE¼, NE¼SE¼NE¼SW¼, S¼SE¼NE¼SW¼,
SE¼SW¼NE¼SW¼, E¼SE¼SW¼, and the E¼NW¼SE¼SW¼ of Section 7, Township 3 North, Range 70
East, and the N¼NE¼, and the NE¼NE¼NE¼NW¼ of Section 18, Township 3 North, Range 70 East,
MDB&M.

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 _____.

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

8.) Was this property previously assessed as agricultural? yes. 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] Co-Manager Owner 11-30-17
 Signature of Applicant or Agent Capacity Authority Date

Kara Glaeckter
 Print Name of Applicant or Agent
HC 74 Box 237 Proche, NV 89043 775-962-5493
 Address Phone Number

[Signature] Co-Manager Owner 11-30-17
 Signature of Applicant or Agent Capacity Authority Date

Patrick Glaeckter
 Print Name of Applicant or Agent
HC 74 Box 237 Proche, NV 89043 775-962-1011
 Address Phone Number

[Signature] _____
 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 12-4-17 MKH
Date Initial
- Property Inspected _____
Date Initial
- Income Records Inspected: _____
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:

Mark R Holt
Signature of Official Processing Application

ASSESSOR 12-4-17
Title Date