

THIS

Official Record

Recording requested By
LINCOLN COUNTY ASSESSOR

Lincoln County - NV

Leslie Boucher - Recorder

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RPTT: Recorded By: LB
Book- 317 Page- 0473



0153918

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: <u>Robert J Mathews</u>	Owner: <u>Shane R Mathews</u>
Address: <u>P.O. Box 328</u>	Address: _____
City/State/Zip: <u>Panaca NV 89042</u>	City/State/Zip: _____

2.) What is the size of the subject parcel? 73 ac
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 012-110-46

4.) Legal Description:

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 1980.

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

8.) Was this property previously assessed as agricultural? Yes. If yes, when was it assessed as agricultural? Previous 37 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.

Shane R Mathews Partner Authority 2/20/18
 Signature of Applicant or Agent Capacity Authority Date

Shane R Mathews
 Print Name of Applicant or Agent
P.O. Box 328 Panaca NV 89042 775 728 4327
 Address Phone Number

Robert J Mathews Partner Authority 2/20/18
 Signature of Applicant or Agent Capacity Authority Date

Robert J Mathews
 Print Name of Applicant or Agent
P.O. Box 328 Panaca NV 89042 775 728 4227
 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 2-28-18 MLH
Date Initial
- Property Inspected 2-28-18 MLH
Date Initial
- Income Records Inspected: not
Date Initial
- Written Notice of Approval or Denial Sent to Applicant MLH
Date Initial
- Application forwarded to Department of Taxation MLH
Date Initial
- Department of Taxation returned application MLH
Date Initial

Reasons for Approval or Denial and Other Pertinent Comments:

Mark R. Hall
 Signature of Official Processing Application

ASSESSOR 2-28-18
Date