



OFFICIAL RECORD  
LESLIE BOUCHER, RECORDER

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>MARK HOLT</u>	Owner: _____
Address: <u>Box 416</u>	Address: _____
City/State/Zip: <u>Calliente NV, 89008</u>	City/State/Zip: _____

2.) What is the size of the subject parcel? 35.82  
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 013-020-23

4.) Legal Description:  
PCL 2 OF THE HOLT PCLmp B/455  
SEC 21 T2S R67E

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

6.) Date the property was originally placed in service by the owners listed above for agricultural purposes 2018.

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

8.) Was this property previously assessed as agricultural? Yes. If yes, when was it assessed as agricultural? 1996 when I bought it From 1001 Ranch

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.

Mark R Holt                      owner                      \_\_\_\_\_                      5-30-18  
Signature of Applicant or Agent      Capacity                      Authority                      Date

MARK R HOLT  
Print Name of Applicant or Agent  
3995 Cougar Canyon Rd Box 416                      775-962-1064  
Address Caliente NV 89008                      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      5-30-18      MA  
Date      Initial
- Property Inspected      5-30-18      MA  
Date      Initial
- Income Records Inspected:      5-30-18      MA  
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:

WAS A9 before Put back into A7

Mark R Holt  
Signature of Official Processing Application

ASSESSOR      5-30-18  
Title      Date