



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: RTT Gold LLC Owner: _____
Address: Box 194 Address: _____
City/State/Zip: Caliente NV. 89008 City/State/Zip: _____

2.) What is the size of the subject parcel? 216.25 ACRE
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 008-271-03, 008-111-05, 008-271-05

4.) Legal Description: R66E, T7S, SEC 7 E 1/2 SE 1/4 SEC 12 T7S
R66E

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 1873

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? 1800 - 1900

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 of Applicant or Agent Capacity Authority Date

Print Name of Applicant or Agent

Address Phone Number

Signature of Applicant or Agent Capacity Authority Date

H Craig Cloward

Print Name of Applicant or Agent

PO Box 194, Caliente, NV 89008 *775-726-3213*

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 7-24-18
Date Initial
- Property Inspected 7-24-18
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:
it has been in AQ. IT IS GOING TO STAY THE SAME

Mark R Holt
Signature of Official Processing Application

ASSESSOR 7-24-18
Date