



OFFICIAL RECORD
AMY ELMER, 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: STEVE T Culverwell Owner: KAREN A. Culverwell
Address: Box 231 Address: Box 231
City/State/Zip: Caliente NV. 89008 City/State/Zip: Caliente NV. 89008

2.) What is the size of the subject parcel? 24.50 ACRE
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 003-161-15

4.) Legal Description: (SE 1/4) OF THE Southwest Quarter (SW 1/4) OF SECTION 7 AND Southwest (SW 1/4) OF SECTION 8 TOWNSHIP 4 South RANGE 67 EAST M.D.B. & M.

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 _____

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? 2010

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.

ST Culverwell Owner _____ 1-28-19
Signature of Applicant or Agent Capacity Authority Date

Steve T Culverwell
Print Name of Applicant or Agent
P.O. Box 231 Caliente, NV 89008 775-962-1753
Address Phone Number

Karen A. Culverwell owner _____ 1-28-19
Signature of Applicant or Agent Capacity Authority Date

Karen A. Culverwell
Print Name of Applicant or Agent
Same as above 775-926-3620
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.

003-161-15 24.50 ACRE

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

- Application Received 1-29-19 MA
Date Initial
- Property Inspected 1-29-19 MA
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:

operation. APPROVAL Hay + Cattle

Mark R. Holt
Signature of Official Processing Application

ASSESSOR 1-29-19
Title Date