



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: Roger J Dieleman REV. Owner: \_\_\_\_\_  
Address: 5454 ARVILLE Address: \_\_\_\_\_  
City/State/Zip: LAS VEGAS, NV 89118 City/State/Zip: \_\_\_\_\_

2.) What is the size of the subject parcel? 114.50 ACRE 141.50 ACRE  
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 013-120-10 008-121-02 013-110-05

4.) Legal Description: R67E T4S SEC 10, R67E T7S SEC 20

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 NOT in Ag

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

8.) Was this property previously assessed as agricultural? No. 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.

Michael Dieleman                      POA                      POA                      6-11-19  
 Signature of Applicant or Agent      Capacity                      Authority                      Date

Michael Dieleman  
 Print Name of Applicant or Agent  
6328 Peppermill Dr. Las Vegas, NV 89146                      310-699-0184  
 Address    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.

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

*David Perkins*  
Signature of Applicant or Agent      *Manager*  
Capacity      *lessee*  
Authority      *4-5-19*  
Date

*David Perkins / Fat Cow Cattle Co L.L.C*

Print Name of Applicant or Agent

*POB 21 Caliente 89008*

Address

*775-340-3029*  
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 6-13-2019 MMH  
Date Initial
- Property Inspected 6-13-2019 MMH  
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 6-13-2019  
Title Date