

APN (Assessor's Parcel Number):

012-210-04
012-210-07 012-210-28

This space for Recorder's Use Only

LINCOLN COUNTY, NV 2020-158609

Total: \$0.00 06/11/2020 02:05 PM

LINCOLN COUNTY ASSESSOR Pgs=2 KE



00005053202001586090020026

OFFICIAL RECORD
AMY ELMER, RECORDER

Return this application to:

County Assessor's Office:

Agricultural Use Assessment Application

Return this application to the County Assessor's Office at the address shown above no later than June 1st. If this application is approved, it will be recorded and become a public record.

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION.

1. Please type in the following information for each owner of record or his representative. Attach additional sheets if necessary:

Owner: Steve & Karen Culverwell Representative: _____
Address: P.O. Box 231 Address: _____
City/State/Zip: Caliente, NV 89008 City/State/Zip: _____

2. Describe all the uses of the land for which you are requesting an agricultural designation, such as agricultural, residential, commercial, or industrial use (For instance, if you farm and live on this parcel, the use would be both agricultural and residential). In addition, please describe the agricultural operation. (For instance, raising crops, livestock, poultry, fur-bearing animals, bees, aquatic agriculture, hydroponic gardens.)

agricultural

3. What is the size of the land devoted to agricultural use? 215 acres

4. Is this parcel contiguous to other lands controlled by the owner and designated as agricultural?

Yes No

5. What is the date the property was originally placed in service by the owners listed above for agricultural purposes? _____
6. Was this property previously assessed as agricultural? Yes No If yes, when was it assessed as agricultural? _____
7. Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes No
8. Please attach a statement of revenues and expenses related to the agricultural use of the land and include a copy of IRS Form F. Additional documentation may be requested by the county assessor.

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 HE IS SIGNING. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

Steve Culverwell
Signature of Applicant or Agent

Owner
Capacity (Owner, Representative, or Lessee)

Steve T Culverwell
Type or Print Name

Authority (i.e. Power of Attorney) 6-11-2020
Date

P.O. Box 231, Caliente, NV 89008
Address/City/State/Zip

775-962-1753
Phone Number FAX Number

| FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION | | |
|---------------------------------------------------------------------------------|-----------------|------------------|
| <input checked="" type="checkbox"/> Application Received | <u>6-11-20</u> | <u>MSH</u> |
| | Date | Initial |
| <input checked="" type="checkbox"/> Property Inspected | <u>6-11-20</u> | <u>MSH</u> |
| | Date | Initial |
| <input type="checkbox"/> Income Records Inspected: | _____ | _____ |
| | Date | Initial |
| <input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant | _____ | _____ |
| | Date | Initial |
| <input type="checkbox"/> Application forwarded to Department of Taxation | _____ | _____ |
| | Date | Initial |
| <input type="checkbox"/> Department of Taxation returned application | _____ | _____ |
| | Date | Initial |
| Reasons for Approval or Denial and Other Pertinent Comments: | | |
| <u>ADDED This Property TO AN Ag operation</u> | | |
| <u>Hay & Cattle</u> | | |
| <u>Mark R Holt</u> | <u>ASSESSOR</u> | <u>6-11-2020</u> |
| Signature of Official Processing Application | Title | Date |