

APN (Assessor's Parcel Number):

011-210-43

This space for Recorder's Use Only

LINCOLN COUNTY, NV 2020-158716

Total: \$0.00 07/07/2020 12:05 PM

LC ASSESSOR Pgs=3 KE



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: Vance Higbee
Vickie Higbee
Address: P.O.B 659
City/State/Zip: Alamo, NV. 89001
Representative: _____
Address: _____
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.)

011-210-43 23.67 ACRE PCL 2
FRIAS GIRL SCOUT PCL MAP
R61E, T6S, SEC 32

- 3. What is the size of the land devoted to agricultural use? 20 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? 3-1-2020
6. Was this property previously assessed as agricultural? Yes No If yes, when was it assessed as agricultural? It has always been in 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.

Vance L. Higbee _____ owner _____
 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Vance L. Higbee _____
 Type or Print Name Authority (i.e. Power of Attorney) Date

P.O. Box 659 Alamo Nv. 89001 702-291-8992 _____
 Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>6-15-20</u>	<u>[Signature]</u>
	Date	Initial
<input checked="" type="checkbox"/> Property Inspected	<u>6-19-20</u>	<u>[Signature]</u>
	Date	Initial
<input type="checkbox"/> Income Records Inspected:	_____	Initial
	Date	Initial
<input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	_____	Initial
	Date	Initial
<input type="checkbox"/> Application forwarded to Department of Taxation	_____	Initial
	Date	Initial
<input type="checkbox"/> Department of Taxation returned application	_____	Initial
	Date	Initial
Reasons for Approval or Denial and Other Pertinent Comments:		
<u>Didn't Record until Deferred Taxes were paid on the Property Traded for Vance Higbee. (Paid 6-29-20)</u>		
<u>[Signature]</u>	<u>ASSESSOR</u>	<u>7-7-2020</u>
Signature of Official Processing Application	Title	Date

Attach to Application if Necessary

Vickie E. Higbee
Signature of Applicant or Agent

owner
Capacity (Owner, Representative, or Lessee)

Vickie E. Higbee
Type or Print Name

Husband signed for wife
Authority (i.e. Power of Attorney) Date

P.O. Box 659 Hlamo Nv. 89001
Address/City/State/Zip

702-281-8993
Phone Number FAX Number

Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

Type or Print Name

Authority (i.e. Power of Attorney) Date

Address/City/State/Zip

Phone Number FAX Number

Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

Type or Print Name

Authority (i.e. Power of Attorney) Date

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