



00006275202101596960030038

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 A + Kady m. Pearson + trustees Owner: \_\_\_\_\_  
Address: 8625 Edmond St Address: \_\_\_\_\_  
City/State/Zip: Las Vegas NV City/State/Zip: \_\_\_\_\_  
89139

2.) What is the size of the subject parcel? 79.5 AC.  
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 005-161-47

4.) Legal Description:  
S 1/2 NE 1/4 SEC 30 T 5 N R 69 E  
ASSESSOR Parcel # 005-161-47

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 70's.

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

8.) Was this property previously assessed as agricultural? yes. If yes, when was it assessed as agricultural? 70's

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.

Pearson      owner trustee      3-5-21  
Signature of Applicant or Agent      Capacity      Authority      Date

Roger A. Pearson  
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

\_\_\_\_\_  
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

- |   |               |            |
|---|---------------|------------|
| <input checked="" type="checkbox"/> Application Received                        | <u>3-5-21</u> | <u>MAH</u> |
|   | Date          | Initial    |
| <input checked="" type="checkbox"/> Property Inspected                          | <u>3-5-21</u> | <u>MAH</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:

Part of Family Cattle operation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mark R. Holt  
Signature of Official Processing Application

ASSESSOR                      3-5-21  
Title                                      Date