Total:\$0.00

06/01/2022 09:09 AM

LINCOLN COUNTY ASSESSOR

Pgs=4 AE

APN (Assessor's Parcel Number(s)):			
012-210-19	000091572022016237700		
	OFFICIAL RECORD AMY ELMER, RECORDER		
Return this application to: County Assessor's Office:	. \ \		

Agricultural Use Assessment Application NRS 361A.110

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 TO THIS APPLICATION

	Owner(s) of Record: Survey, W Farms LLC
	Mailing Address: Po Box 829
	City/State/Zip: Lanaa NV 89042
1.	What is the total acreage of the parcel(s)? /20
2.	What is the total acreage of the land devoted to agricultural use? /20
3.	Has the land been devoted exclusively to agricultural use for at least 3 consecutive years immediately
	preceding this application? Yes No Unknown / New Owner
4.	Was this property previously assessed as agricultural? Yes No Unknown Unknown
5.	
	If yes, when was it originally assessed as agricultural?
6.	Was the gross income from agricultural pursuits of the land during the preceding calendar year \$5,000 or
·.	more? Yes No Unknown / New Owner
And Street, or other Persons	

7.	Provide documentation of the minimum gross income of \$5,000 from agricultural pursuits. This may
	include, without limitation: • Leases
	Receipts
	• Rent paid
	Account balance sheets
	• Profit, and loss statements
	Audited financial statements
	Federal income tax returns (Schedule F or Schedule C).
	Additional documentation may be requested by the county assessor or the Department.
	the bepartment.
8.	designated as agricultural?
9.	Yes . No . Unknown .
10	Is this percel supportly lessed to small any service of the servic
10.	Is this parcel currently leased to another person for agricultural purposes? Yes \(\square\) No \(\sqrt{Unknown} \) Unknown \(\sqrt{\sqrt{Unknown}} \)
	If yes, please provide a copy of the lease agreement.
	 Are at least 7 acres of the parcel devoted to agricultural purposes? Yes No
	 Is this parcel contiguous to other agricultural real property owned by the lessee?
	Yes 🗹 No 🗌 Unknown 🗎
11	Describe all the same Calledon 15 11 f
11.	Describe all the uses of the land for which you are requesting an agricultural designation, such as
	agricultural, residential, commercial, or industrial use. For example, if you farm and live on this parcel, the use would be both agricultural and residential. In addition, please describe the agricultural operation such
	as raising crops, livestock, poultry, fur-bearing animals, bees, aquatic agriculture, hydroponic gardens.
	Cathe Hay Pasture
	Carra / Tay Pastwo
	3 / /
and the same of th	
12.	Are there any water rights or a water source associated with the parcel(s)? Yes No Unknown
	If yes, please explain:
	29 1 2 - 1
	28 Shakes PANACA IRRIGATION Company
10	TC(1
13.	If there is any information you wish to provide, that might be pertinent to assist in processing this
	application, you may include it here.
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Application of the Person of t	
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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.

	·	The state of the s	\.	
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Signature of Applicant or Agent	Capacit (Owner, Repr	resentative, or Lessee),	
Dennis Sonnenberg		\ 3	5-31-22	
Donnis Sonnenberg Type or Print Name BOX 829 Address (Six (State / Zinaca NV 8)	Authority (i.e. Power o	of Attorney) Da	ite	
Panaca 100 8	1092 775-962-1	91 asonrem	beng I @ Yaha	
Address/City/State/Zip	Phone Number	Email Addres	s	
	Authority (i.e. Power of Phone Number			
	\ \ (,		
Signature of Applicant or Agent	Capacity (Owner, Rep	Capacity (Owner, Representative, or Lessee)		
Type or Print Name	Authority (i.e. Power of Att	torney) Dat	re	
	\ \	\		
Address/City/State/Zip	Phone Number	Email Address		
))			
Signature of Applicant or Agent	Capacity (Owner, Rep	resentative, or Lessee)	
Type or Print Name	Authority (i.e. Power of Att	orney) Dat	e	
Address/City/State/Zip	Phone Number	Email Address		

		\ \
Signature of Applicant or Agent	Capacity (Owner, Representati	ve, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip	Phone Number En	nail Address
Signature of Applicant or Agent	Capacity (Owner, Representati	ve, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip Attach Additional Signat	Phone Number En	nail Address
FOR USE BY THE COUNTY ASSESSOR OR		
Application Received	<u>5-31-2022</u> Date	
Property Inspected Income Records Inspected	5-31-2022 Date 5-31-2022	MH Initial Moth
Written Notice of Approval or Denial Sent to	Applicant	Initial
Application forwarded to Department of Tax	Date Date	Initial Initial
Department of Taxation returned application Reasons of Approval or Denial and Other Per	Date rtinent Comments:	Initial
Hay 4 Cattle will	Mone Than Cover 500	<u>).</u>
Signature of Official Processing Application	ASSESSON_ Title	6-1-2022 Date