



OFFICIAL RECORD  
AMY ELMER, RECORDER

APN (Assessor's Parcel Number(s)):

006-241-20

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 1<sup>st</sup>. 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: COPY AND KYLEA LYTLE  
Mailing Address: HC 74 Box 243  
City/State/Zip: PIECHE, NV 89043

1. What is the total acreage of the parcel(s)? 2.5 AC
2. What is the total acreage of the land devoted to agricultural use? 2.5 AC
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
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

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.

8. Is this property operated by the owner as part of an existing agricultural operation where other parcels are designated as agricultural?

9. Yes  No  Unknown

10. Is this parcel currently leased to another person for agricultural purposes? Yes  No  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  Unknown
- Is this parcel contiguous to other agricultural real property owned by the lessee?  
Yes  No  Unknown

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.

THE ENTIRE PARCEL IS USED AS FORAGE PASTURE AND CULTIVATED  
FOR HAY PRODUCTION. APPROXIMATELY 1/4 ACRE IS CREEK  
BOTTOM.

12. Are there any water rights or a water source associated with the parcel(s)? Yes  No  Unknown

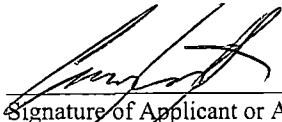
*If yes, please explain:*

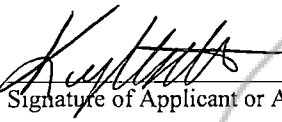
35 HOURS UNDER EAGLE VALLEY IRRIGATION COMPANY  
(35 HOURS EVERY 9 DAYS)

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.

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.**

 \_\_\_\_\_  
Signature of Applicant or Agent  
CORY LYTLE \_\_\_\_\_  
Type or Print Name  
HC 74 Box 243; Pioche, NV 89043 \_\_\_\_\_  
Address/City/State/Zip  
(775) 962-5417 \_\_\_\_\_  
Phone Number  
chlytle@lincolnv.com \_\_\_\_\_  
Email Address  
Capacity (Owner, Representative, or Lessee)  
Authority (i.e. Power of Attorney) \_\_\_\_\_  
Date \_\_\_\_\_

 \_\_\_\_\_  
Signature of Applicant or Agent  
Kylea Lytle \_\_\_\_\_  
Type or Print Name  
HC 74 Box 243; Pioche, NV 89043 \_\_\_\_\_  
Address/City/State/Zip  
(775) 962-5417 \_\_\_\_\_  
Phone Number  
\_\_\_\_\_  
Email Address  
Capacity (Owner, Representative, or Lessee)  
Authority (i.e. Power of Attorney) \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_  
Email Address \_\_\_\_\_

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 \_\_\_\_\_ Email Address \_\_\_\_\_

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 \_\_\_\_\_ Email Address \_\_\_\_\_

***Attach Additional Signature Pages to Application as Necessary***

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input type="checkbox"/> Application Received	<u>5-15-24</u> Date	<u>CD</u> Initial
<input type="checkbox"/> Property Inspected	<u>5-15-24</u> Date	<u>CD</u> Initial
<input type="checkbox"/> Income Records Inspected	<u>5-15-24</u> Date	<u>CD</u> Initial
<input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	<u>5-15-24</u> Date	<u>CD</u> Initial
<input type="checkbox"/> Application forwarded to Department of Taxation	_____ Date	_____ Initial
<input type="checkbox"/> Department of Taxation returned application	_____ Date	_____ Initial
Reasons of Approval or Denial and Other Pertinent Comments: _____ _____ _____		
<u>Cydney D...</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>5-15-2024</u> Date