

And Additional Tax Deferral as Provided by ORS 308.370 to 308.399.
An application must be filed On or Before April 1 of EACH Year

CODE AND
ACCT. NOS.

Enter Applicant's Name and Address Below

THIS SPACE FOR ASSESSOR'S USE ONLY					
Date Received	Clerk	Approved	Dentist		
Late Value Notice. Filing date extended days.	Allowed Last Year <input type="checkbox"/>	Late Fee Charged <input type="checkbox"/>	J.V. No. 		
STATE OF OREGON County of KLAMATH					s.s.
I certify that this application was received at <u>1:05 o'clock P. M. on August 11</u> , 19 <u>7</u>					
and duly recorded by me in the KLAMATH					
County Record of Deeds, Book/Volume M-70			Page 6803		
<div style="display: flex; justify-content: space-between;"> WM D. MTLINE By <i>William D. Moline</i> </div>					
County Clerk or Recorder FEE AONE			Deputy		

Applicant's Phone No.

Code Number		Account Number	Acres	Complete Only If Account Number Does Not Describe Property		
				Deed or Inst. No.	Section	Twp. Range
Attach separate sheet if necessary	8	66-2		8-107.54		
	8	67-70		8-107.57		
	8	68-1		8-107.23		
	36	86-37-1		8-107.47		
	8	86-40		52-18.4		
	8	87-5		52-88.151		
	8	107-32		32-88.149		
	8	107.33 d				

Name the owners of record if different than applicant

- A. What is the ownership interest of the applicant(s) in the above-described property?
☐ Fee Owner ☐ Life Estate ☐ Contract Purchaser ☐ Other (explain) _____
- B. Are there any outstanding leases or options to buy the surface rights of the above-described land for non-farm use? ☐ Yes ☐ No
- C. What was the gross farm income from the above-described land for each of the 5 calendar years immediately preceding the year of this application? (See General Information, Item 7, over.)
 19____ \$ _____; 19____ \$ _____; 19____ \$ _____; 19____ \$ _____; 19____ \$ _____
- D. Is all or part of the above-described land farmed by someone other than the undersigned?
☐ Yes ☐ No. (If yes, see General Information, Item 2, over.)
- E. Is the above-described land being used and has it been used during the preceding two years as a bona fide farm; that is, for the raising, harvesting and selling of crops to produce a profit in money or for the feeding, manure management and sale of livestock to produce a profit in money? ☐ Yes ☐ No

1. Show the farm use of the land by completing the schedules below:

LAND USE	ACRES		
	This Year (Planned)	First Prior Year	Second Prior Year
Cropland—Irrigated			
Cropland—Non-Irrigated			
Farm Woodlot			
Non-tillable Pasture			
Other			
Total Acres			

[illegible]

2. List the major crops grown during the last crop year and the acres of each:

WARNING: Unzoned farm land, when specially assessed at farm-use value and later disqualified, becomes liable for additional taxes during the last 5 or lesser number of years in which the farm-use assessment was in effect, together with interest at 6%. (See General Information, Item 8, over.)

DECLARATION

DECLARATION

I declare under the penalties for false swearing as contained in ORS 305.990(5) that this document, including any attached schedules and statements, has been examined by me and to the best of my knowledge is a true, correct and complete statement.

[Signature]

SIGNATURE J. V. Williams 2-24-70 X

OF J. V. Williams X

APPLICANT (S) X

X _____ Month _____ Day _____

Form Approved by Dept. of Revenue, State of Oregon (Rev. 10-69)
No. 14BR Dunham Ptg. Co., Portland.

ASSESSOR'S COPY

And Additional Tax Deferral as Provided by ORS 308.370 to 308.395
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CODE AND
ACCT. NOS.

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Late Value Notice.		Allowed		Donated	
Filed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Late	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extending _____ days.		Year	Fee	J.V. No. _____	
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Applicant's Phone No.:

[illegible]

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- A. What is the ownership interest of the applicant(s) in the above-described property?
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DECLARATION

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I declare under the penalties for false swearing as contained in ORS 305.990(5) that this document, including any attached schedules and statements, has been examined by me and to the best of my knowledge is a true, correct and complete statement.

SIGNATURE Cornelius Jensen 30 70 X

OF X X

APPLICANT (S) X X

X X

Month Day Year

Approved by Dept. of Revenue, State of Oregon (Rev. 10-69)
140R Dunham Pkg. Co., Portland.

ASSESSOR'S COPY