Application For Special Assessment Of Unzoned Farm Land	
An application must be filed On or Before April 1 of EACH Year  Filed with the Lamath County Assessor for the	
ACCT. NOS.  Enter Applicant's Name and Address Below  Date Received  Clerk  Clerk	
2 Taiseth Archard STATE OF OREGON Country of KI.AMATH	
1 certify that this application was received at  1:10_o'clock_P_M. on_AUGUST_11	
Applicant's Phone No.:  County Recorded by me in the RLAMATH  County Record of Deeds, Book/Voic M-70 Page 6845  WM D. MILNE  County Clerk or Recorder FEE NONE Deputy	
Code Number	
130 - 1-16   8 - 3512B - 400   8 - 3512B - 500	
8 3512B - 100  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 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 broadling is, for the raising, harvesting and selling of crops to produce a profit in more year.	
1. Show the farm use of the land by completing the schedules below:	
ACRES  This First Sacond Prior Prior Year  Cropland—Irrigated  ACRES  LIVESTOCK OR MAXIMUM NUMBER  POULTRY Year Prior Year  (List by Type)  Prior Year  Prior Year  Prior Year  Prior Year  Prior Year  Prior Year  Year	
Cropland—Non-Irrigated Farm Woodlot Non-tillable Pasture	
Other Total Acres	Approximation and the second of the second o
2. List the major crops grown during the last crop year and the acres of each:  WARNING: Unranged form lead of	Continue to the second of the
declare under the search. (See General Information, Item 8, over.)  DECLARATION	Emperator of the control of the cont
I declare under the penalties for false swearing as contained in ORS 305.990(5) that this document, including any and complete-statements, has been examined by me and to the best of my knowledge is a true, correct  SIGNATURE X TOUL A Junuary 2 4 70 x	Attraction of the state of the
OF X APPLICANT (S) X	Na
orm Approved by Dept. of Revenue, State of Oregon (Rev. 10-69)  ASSESSOR'S COPY  ASSESSOR'S COPY	A. B.
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