And the second s		and the second s
Application For Special Assessment Of Unzoned Farm Land And Additional Tax Deferral as Provided by ORS 308.370 to 308.395 yor NOT PACE 057		
51402 An application must be filed O Filed with the County	Assessor for the This sea E For Assessment Year	
CODE AND ACCT. NOS Enter Applicant's Name and Address Below L. J. J. L. C. D. A. Wagqiu	MAR 3 0 1971 Date Received Clerk Approved Denied	
EUwrich, Cg + maggie (11) E = 11	STATE OF OREGON Klamath County of	
	and duly recorded by me in the Klamath County Record of Deeds, Book/Vol. M-71 Page 4057 Wm. D Milne By Decree in Knatson County Clerk or Recorder 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. Rge.	
128 - Harth Harth 128 - 128 - Harth 128 -	// 74	
Bacoud a series of the series	Sane	
Name the owners of record if different than applicant: A. What is the ownership interest of the applicant(s) Fee Owner Life Estate Contract I	us above described property?	
C. What was the gross farm income from the above-preceding the year of this application? (See Gen	described land for each of the 5 calendar years immediately eral information, Item 7, over.) 4500 and \$\$\\$ 19\$	
F is the above-described land being used and has	t been used during the preceding two years as a bona fide	THE RESERVE THE PROPERTY OF THE PARTY OF THE
1. Show the farm use of the land by complet ACRES ACRES	ling the schedules below: LIVESTOCK OR MAXIMUM NUMBER This First Second	
Cropland—Irrigated Cropland—Non-Irrigated	(Liet by Type) (Planned) Year Year	
Farm Woodlot Non-tiliable Pasture Other		
Total Acres 2. List the major grops grown during the last Details and acres	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.)		
I declare under the penalties for false swearing as attached schedules and statements, has been exam	CARATION contained in ORS 305.990(5) that this document, including any lined by me and to the best of my knowledge is a true, correct	
SIGNATURE X Chyllo Equipmed 3	30 7/ X	
APPLICANT (S) X	th Day Year Manth Day 7	le de la companya de