Application For Special Assessment Of Unzoned Farm Land 16 And Additional Tax Deferral as Provided by ORS 308.370 to 308.395

An application must be filed On or Before April 1 of EACH Year Lama the County Assessor for the TV Assessment Year Filed with the_ CODE AND -> Enter Applicant's Name and Address Below KLAMATH COUNTY ASSESSOR STATE OF OREGON, County of Klamath ss. Filed for record at request of: County Assessor on this 3rd day of JuneA. D., 19 71 A M. and duly at 9:39o'clock No fee Applicant's Phone No.: recorded in Vol. M71 of Deeds Page ____5316 Code Number Account Number WM. D., MILNE, County Clerk Deputy. 006408 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 Yo Appli 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, breeding, management and sale of livestock to produce a profit in money? CODE AND ACCT. NOS. 1. Show the farm use of the land by completing the schedules below: MAXIMUM NUMBER LIVESTOCK OR POULTRY (List by Type) LAND USE Cropland-Irrigated Cropland-Non-Irrigated Farm Woodlot Non-tillable Pasture Other 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

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 X // Jolean Name A. Wh OF APPLICANT (S) B. Ar C. C. W ASSESSOR'S COPY No. 148R Dunham Ptg. Co., Portland D.