52535 Application For Special Assessment Of Unzoned Farm Land 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 County Assessor for the Filed with the Lamath _Assessment Year CODE AND ACCT. NOS. MAR 1 THE SPACE FOR ASSESSOR'S USE ONLY Davis, Elbert Rt / Box 6 Bonassya Ore Clerk

Clerk

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Clerk STATE OF OREGON, County of Klamath ss. Filed for record at request of: on this 3rd day of June A. D., 19 71 at 9:39 o'clock $\stackrel{A}{\longrightarrow}$ M. and duly No fee recorded in Vol. M71 Deeds Applicant's Phone No.: Page ____5317 Code Number Account Number WM. D. MILNE, County Clerk By Cyntheolan Pred Deputy. 006408 Name the owners of record if different than applicant: Some 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 Annli Applic 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.) Filed 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?

Yes

No CODE AND -1. Show the farm use of the land by completing the schedules below: LAND USE Cropland-Irrigated Cropland-Non-Irrigated Farm Woodlot Non-tillable Pasture Other Total Acres Code N 2. List the major crops grown during the last crop year and the acres of each: Dastine 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 Name A. Wh APPLICANT (S) C. W ASSESSOR'S COPY