

FEB 17 1998

APPLICATION FOR AGRICULTURAL USE ASSESSMENT

ASSESSOR'S OFFICE DOUGLAS COUNTY

THIS PROPERTY MAY BE SUBJECT TO LIENS FOR UNDETERMINED AMOUNTS

(PLEASE READ CAREFULLY THE ATTACHED INFORMATION AND INSTRUCTION SHEET)

Note: If necessary, attach extra pages.

Pursuant to Nevada Revised Statutes, Chapter 361.A (I) (We),

Barbara L Flanagan Trustee of the Barbara L Flanagan Living Trust dated 3-19-91

(Please print or type the name of each owner of record or his representative)

hereby make application to be granted, on the below described agricultural land, an assessment based upon the agricultural use of this land.

(I) (We) understand that if this application is approved, it will be recorded and become a public record.

This agricultural land consists of 6.35 acres, is located in Douglas County, Nevada and is described as:

93 012 04611 23 295 780

(Assessor's Parcel Number(s))

Legal Description:

Yr Bk Pg 93 012 04611 1716 Drury

(I) (We) certify that the gross income from agricultural use of the land during the preceding calendar year was \$5,000 or more. Yes [checked] No [] If yes, attach proof of income.

(I) (We) have owned the land since 12/21/93.

(I) (We) have used it for agricultural purposes since 1994. The agricultural use of the land presently is (i.e. grazing, pasture, cultivated, dairy, etc.)

grazing / pasture / irrigated grass

Was the property previously assessed as agricultural no. If so, when

(I) (We) hereby certify that the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand that if this application is approved, this property may be subject to liens for undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher use, it is our responsibility to notify the assessor in writing within 30 days. (Each owner of record or his authorized representative must sign. Representative must indicate for whom he is signing, in what capacity and under what authority.) Please print name under each signature.

Signature of Applicant or Agent Barbara Flanagan Trustee

Date 2-17-99

Address 1702 Sanchez Rd Hendersonville

Phone Number 782 3057

Signature of Applicant or Agent

Date

Address

Phone Number

Signature of Applicant or Agent

Date

Address

Date

FOR USE BY THE COUNTY ASSESSOR DEPARTMENT OF TAXATION

Date Application received

(Initial)

Date property inspected (If applicable)

6-2-99
(Initial)
RL

Date income records inspected (If applicable)

6-3-99
(Initial)
RL

Approved X Denied _____

6-3-99
(Initial)
RL

Written notice of approval or denial sent to applicant.

6-3-99
(Initial)
RL

If approved, application recorded:

7/16/99
(Date)
(Initial)
BIB

Department of Taxation: Application returned to Assessor for valuation and entry on the roll.

6-3-99
(Date)
(Initial)
RL

Reasons for approval or denial and other pertinent comments:

ok per statute

Robert J. Neal

(Signature of Assessor or Department Employee Processing Application)

Property Appraiser II

(Title)

6-3-99
(Date)

REQUESTED BY
DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 JUL 16 A8:28

ASD 02A

RECEIVED 0472536

LINDA SLATER
RECORDER

5/11/94

010309070X8BK0799PG2611

\$ 0 PAID 10 DEPUTY