REQUESTED BY DOUGLAS COUNT APN (Assessor's Parcel Number): N OFFICIAL RECORDS D DOUGLAS CO. NEVADA 1320-27-002-022 2004 JUN 10 AM 9: 49 WERNER CHRISTEN Return this application to: RECORDER **Douglas County Assessor** 1616 8TH St P O Box 218 Minden, NV 89423 This space for Recorder's Use Only **Agricultural Use Assessment Application** Return this application to the County Assessor's Office at the address shown above no later than June 1st. If this application is approved, it will be recorded and become a public record. IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION. 1.) Please type in the following information for each owner of record or his representative. Attach additional sheets if necessary: Owner: Representative: GILLIGAN, DAVID J Owner Address: Address: 1580 Long Bow Ct 1580 Long Bow Ct City/State/Zip: City/State/Zip Gardnerville, NV 89410 Gardnerville, NV 89410 2.) Describe all the uses of the land for which you are requesting an agricultural designation, such as agricultural, residential, commercial, or industrial use (For instance, if you farm and live on this parcel, the use would be both agricultural and residential). In addition, please describe the agricultural operation. (For instance, raising crops, livestock, poultry, fur-bearing animals, bees, aquatic agriculture, hydroponics gardens Raise approximately 7 ½ acres alfalfa to feed to livestock mostly horses at this time 23 head

3.) What is the size of the land devoted to agricultural use?

4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes No X

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agricultural purposes? Nunc 2002	
6.) Was this property previously assessed as agricultural assessed as agricultural?	? Yes If yes, when was it
7.) Was the gross income from agricultural use of the lar \$5,000 or more? Yes No	nd during the preceding calendar year
8.) Please attach a statement of revenues and expenses reand include a copy of IRS Form F. Additional document assessor.	
The undersigned hereby certify the foregoing information best of (my) (our) knowledge. (I) (We) understand if this applications for undetermined amounts. (I) (We) understand that if any por our responsibility to notify the assessor in writing within 30 days of	ion is approved, this property may be subject to tion of this land is converted to a higher use, it is
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESE BY A REPRESENTATIVE, THE REPRESENTATIVE MUST IN CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYP.	DICATE FOR WHOM HE IS SIGNING, HIS E THE NAME UNDER EACH SIGNATURE.
Signature of Applicant or Agent Capa	acity (Owner, Representative, or Lessee)
Signature of Applicant or Agent Capa	acity (Owner, Representative, or Lessee)
DAvid & G. Light	6/1/23
Type or Print Name Authority (i	e. Power of Attorney) Date
aspending of	775-
1580 LONG BOW OF GARDNEY UT KLE,	03.785 9065 783.9235
Type or Print Name Authority (i 1580 Long Bow of Gardner withe, 1 Address/City/State/Zip F940	Phone Number FAX Number
FOR USE BY THE COUNTY ASSESSOR OR D	
□ Application Received	Date Kk Initial
□ Property Inspected	5.25-04 RM
	Date Initial
☐ Income Records Inspected:	<u>5-3-04</u> <u>RM</u> Date Initial
☐ Written Notice of Approval or Denial Sent to Applicant	6-3-04 RK
☐ Application forwarded to Department of Taxation	Date Initial
☐ Department of Taxation returned application	Date Initial
Reasons for Approval or Denial and Other Pertinent Comments:	Date Initial
5.15 count feed for homes Sold-	
Kall Illah	openty Approise II 6-3-64
Signature of Official Processing Application Title	e V '' Date

5.) What is the date the property was originally placed in service by the owners listed above for

Additional Signature Page Attach to Application if Necessary

Signature of Applicant or Agent	AUDREY	\ \
Signature of Applicant or Agent	Capacity (Owner, Represent	tative, or Lessee)
David T Giblig And Type or Print Name		- //
1580 Kong Bow CT 6 Address/City/State/Zip	Pardwer Nikbe and 183 9065 Phone Number	763-9233 FAX Number
Signature of Applicant or Agent	Capacity (Owner, Represent	tative, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip	Phone Number	FAX Number
Signature of Applicant or Agent	Capacity (Owner, Represent	tative, or Lessee)
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Address/City/State/Zip	Phone Number	FAX Number