

APN (Assessor's Parcel Number):

1219-03-001-058

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 0.00
BK-0605 PG-11665 RPTT: 0.00



Return this application to:
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: Becaris Trust, Charlotte Representative: _____
Address: 1351 Old Foothill Morelli Tr Address: _____
City/State/Zip: Rd City/State/Zip: _____
Gardnerville NV 89460

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, hydroponic gardens.)

Agricultural + residential
livestock - Alpaca rancher

3.) What is the size of the land devoted to agricultural use? 40

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

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5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? March 28, 2005

6.) Was this property previously assessed as agricultural? yes If yes, when was it assessed as agricultural? I believe for approximately 20 years

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes X No _____

8.) Please attach a statement of revenues and expenses related to the agricultural use of the land and include a copy of IRS Form F. Additional documentation may be requested by the county assessor.

The undersigned hereby certify the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand 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 of the conversion.

EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF SIGNED BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

Charlotte Morelli, Tr. Alpaca Mining Company LLC
 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)
 Charlotte Morelli member

Charlotte Morelli 5/23/05
 Type or Print Name Date
Decaris Trust Authority (i.e. Power of Attorney)

1351 Old Foothill Dr Gardnerville 775-783-4988 775-783-
 Address/City/State/Zip NV 89460 Phone Number FAX Number 4989

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>5/26/05</u>	<u>DS</u>
	Date	Initial
<input checked="" type="checkbox"/> Property Inspected	<u>5/26/05</u>	<u>DS</u>
	Date	Initial
<input checked="" type="checkbox"/> Income Records Inspected:	<u>5/26/05</u>	<u>DS</u>
	Date	Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	<u>5/26/05</u>	<u>DS</u>
	Date	Initial
<input type="checkbox"/> Application forwarded to Department of Taxation	_____	_____
	Date	Initial
<input type="checkbox"/> Department of Taxation returned application	_____	_____
	Date	Initial
Reasons for Approval or Denial and Other Pertinent Comments: <u>\$15,000 or more on 40 Acres</u>		
<u>Douglas W. Lorenson</u>	<u>Assessor</u>	<u>5/26/05</u>
Signature of Official Processing Application	Title	Date

