APN (Assessor's Parcel Number):

1220-05-000-003

Return this application to: Douglas County Assessor 1616 8<sup>th</sup> St P O Box 218 Minden, NV 89423 DOC # 0669851 03/14/2006 10:56 AM Deputy: KLJ OFFICIAL RECORD Requested By: D C/ASSESSOR

Douglas County - NV
Werner Christen - Recorder
e: 1 Of 3 Fee:

Page: 1 Of 3 Fee BK-0306 PG-4828 RPTT: 0.00



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: Deald K. Caroline 11. Treastartepresentative:   |  |  |
|    | Address: 1298 Waterlow lane Address:   |  |  |
|    | City/State/Zip: City/State/Zip:  |  |  |
|    |  |  |  |
| P  | 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 |  |  |
| ı  | on this parcel, the use would be both agricultural and residential). In addition, please describe  |  |  |
| ſ  | the agricultural operation. (For instance, raising crops, livestock, poultry, fur-bearing animals,   |  |  |
|    | bees, aquatic agriculture, hydroponic gardens.)  Acriculture of alfalfa and  |  |  |
| ١  | Agricultural cresidential. Production of alfalfa and grass hay pasture land for cattle, best   |  |  |
|    | and sheep production   |  |  |
| ١, | 3.) What is the size of the land devoted to agricultural use? 27 this parcel   |  |  |
|    | 5.) What is the size of the fand devoted to agricultural use:  |  |  |
|    | 4) Is this named continuous to other lands controlled by the evener and designated as  |  |  |
|    | 4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes No  |  |  |
|    | agricultural? Yes No   |  |  |
|    |  |  |  |

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| agricultural purposes? 5 years 1000 1000 1000 1000 1000 1000 1000 10   |
|--|
| 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.  Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)  Paraline H Frensdorff Capacity (Owner, Representative, or Lessee)  Authority (i.e. Power of Attorney)  Date |
| 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.  Signature of Applicant or Agent  Capacity (Owner, Representative, or Lessee)  Authority (i.e. Power of Attorney)  Date  |
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| 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.  Signature of Applicant or Agent  Capacity (Owner, Representative, or Lessee)  Type or Print Name  Authority (i.e. Power of Attorney)  Date   |
| Signature of Applicant or Agent  Capacity (Owner, Representative, or Lessee)  Authority (i.e. Power of Attorney)  Authority (i.e. Power of Attorney)  Date   |
| Type or Print Name  Authority (i.e. Power of Attorney)  Date   |
|  |
| Address/City/State/Zip Phone Number FAX Number   |
| FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION  Application Received  Property Inspected  Total  Initial  Initial  |
| Income Records Inspected:  Written Notice of Approval or Denial Sent to Applicant  Date  Date  Initial  Date  Initial  |
| ☐ Application forwarded to Department of Taxation  Date  Initial   |
| Department of Taxation returned application  Date  Initial  Reasons for Approval or Denial and Other Pertinent Comments:   |
| Parcel asad in Janily Agricultural Operation   |
| Signature of Official Processing Application  Title  Date  |

## Additional Signature Page Attach to Application if Necessary

| Donald enstry                   | f owner                            | \ \               |
|---------------------------------|------------------------------------|-------------------|
| Signature of Applicant or Agent | Capacity (Owner, Represent         | ative, or Lessee) |
| Donald Frensdorff               |                                    | 7 (7)             |
| DONALD FRENSDORFF               |                                    | 2.13.06           |
| Type or Print Name              | Authority (i.e. Power of Attorney) |                   |
| 1298 water too In Gardne        | <u> </u>                           | 782-8395          |
| Address/City/State/Zip          | Phone Number                       | FAX Number        |
|                                 |                                    |                   |
| Signature of Applicant or Agent | Capacity (Owner, Represent         | ative, or Lessee) |
|                                 |                                    |                   |
| Type or Print Name              | Authority (i.e. Power of Attorney) | Date              |
|                                 |                                    |                   |
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