

DOC # 0703496
06/21/2007 11:42 AM Deputy: GB
OFFICIAL RECORD
Requested By:
DC/ASSESSOR

APN (Assessor's Parcel Number):

1320-31-000-007

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 0.00
BK-0607 PG- 6670 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:

MICHAEL C. GILBERT

Owner: Angel Kerr Gilbert

Representative: Sam

Address: 861 MAHOGANY DR

Address: _____

City/State/Zip: Minden, NV. 89423

City/State/Zip: _____

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 - cattle grazing

3.) What is the size of the land devoted to agricultural use? 27⁺ Acres

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

RECEIVED
MAY 30 2007
ASSESSOR'S OFFICE
DOUGLAS COUNTY

No Fee Assessed

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 3-07-2007


6.) Was this property previously assessed as agricultural? yes If yes, when was it assessed as agricultural? yes

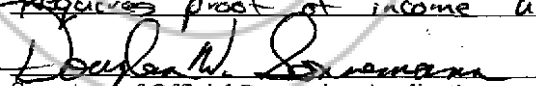
7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes _____ No _____

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.

| | |
|---|--|
|  Signature of Applicant or Agent Michael C Gilbert | <u>Owner</u> Capacity (Owner, Representative, or Lessee) |
| <u>MICHAEL C GILBERT</u> Type or Print Name | <u>5-18-07</u> Date |
| <u>861 MAHOGANY DR</u> <u>Minden, NV. 89423</u> Address/City/State/Zip | <u>(775)</u> <u>790-0607</u> Authority (i.e. Power of Attorney) Phone Number |
| | <u>(775)</u> <u>782-1202</u> FAX Number |

| FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION | | |
|---|--------------------------|------------------------|
| <input checked="" type="checkbox"/> Application Received | <u>5/30/07</u> Date | <u>DS</u> Initial |
| <input checked="" type="checkbox"/> Property Inspected | <u>6/19/07</u> Date | <u>DS</u> Initial |
| <input type="checkbox"/> Income Records Inspected: <u>Required by 6/1/08</u> | Date | Initial |
| <input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant | <u>6/20/07</u> Date | <u>DS</u> 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>Requires proof of income under new ownership by 6/1/08</u> | | |
|  Signature of Official Processing Application | <u>Assessor</u> Title | <u>6/20/07</u> Date |

Additional Signature Page
Attach to Application if Necessary

Angel Kerr Gilbert Owner
 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)
 Angel Kerr Gilbert
Angel Kerr Gilbert 5-18-07
 Type or Print Name Authority (i.e. Power of Attorney) Date
861 MAHOBANY DR. (775) (775)
Minden, NV. 89423 790-0607 782-1202
 Address/City/State/Zip Phone Number FAX Number

 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

 Type or Print Name Authority (i.e. Power of Attorney) Date

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