10 Constant

Assessor's Parcel Number: 1220-30-002-010

Recording Requested By:

Name: Douglas Assessor

Address:

City/State/Zip

Real Property Transfer Tax:

DOC # 06/21/2007	070	3499 Deputy:	GB	
OFFICIAL RECORD				
Requested By:				
DC/ASSESSOR				

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 4 Fee: BK-0607 PG-6677 RPTT:



0.00

agricultural Use Assessment Lien

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

RECEIVED APN (Assessor's Parcel Number): 1220-30-002-010 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. Hwy 88, Gardnervuler W Attach additional sheets if necessary: 500 Owner: Gam and Lisa Mirver Address: P.O. BOX 695 Representative: Address: City/State/Zip: Minden W 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.) Fur bearing (Hamas, Sheep, goats)

vehilds, raising crops, grazing leasing

4.) Is this parcel contiguous to other lands controlled by the owner and designated as

agricultural? Yes No

5.) What is the date the property was originally plant agricultural purposes? March 9, 2007	aced in service by the owners listed above for
6.) Was this property previously assessed as agricultural? Lnown	ultural? Yes If yes, when was it
7.) Was the gross income from agricultural use of \$5,000 or more? Yes No	the land during the preceding calendar year ———— Un Known
8.) Please attach a statement of revenues and experand include a copy of IRS Form F. Additional documents assessor.	The state of the s
The undersigned hereby certify the foregoing info best of (my) (our) knowledge. (I) (We) understand if this liens for undetermined amounts. (I) (We) understand that if our responsibility to notify the assessor in writing within 30	any portion of this land is converted to a higher use, it is
EACH OWNER OF RECORD OR HIS AUTHORIZED REBY A REPRESENTATIVE, THE REPRESENTATIVE M CAPACITY AND UNDER WHAT AUTHORITY. PLEAS	UST INDICATE FOR WHOM HE IS SIGNING, HIS
The Mail	Owner
Signature of Applicant or Agent	Capacity (Owner, Representative, or Lessee)
Gary Minter D. Minter	5/16/2007
Type or Print Name Author	ority (i.e. Power of Attorney) Date
P.O. Box 695, Minden, W Address/City/State/Zip 89423	775- 775-885-990 Phone Number FAX Number
FOR USE BY THE COUNTY ASSESSO Application Received	OR OR DEPARTMENT OF TAXATION
Property Inspected	Date Initial
M Income Records Inspected: Previous Down	
Written Notice of Approval or Denial Sent to App	
☐ Application forwarded to Department of Taxation	
☐ Department of Taxation returned application	Date Initial Date Initial
Reasons for Approval or Denial and Other Pertinent Comr	nents:
Approved year on previous owners inc	Dome, owners income required by 6/1/08
Signature of Official Processing Application	Title Date

Additional Signature Page Attach to Application if Necessary

Dise a. Minte	Duner	
Signature of Applicant or Agent	Capacity (Owner, Represent	tative, or Lessee)
Lisa A. Minter		5/16/07
Type or Print Name Lisa A Minter	Authority (i.e. Power of Attorney)	Date
P.O. BOX 695, 1	Minden M 775-882-1 89423 Phone Number Work	4943 77
Address/City/State/Zip	89473 Phone Number	FAX Number
	or ce worke) G
Signature of Applicant or Agent	Capacity (Owner, Represent	ative, 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	ative, 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	ative, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip	Phone Number	FAX Number