

APN (Assessor's Parcel Number):

1219-14-002-074

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 0.00
BK-0509 PG- 6122 RPTT: 0.00



Return this application to:
Douglas County Assessor
1616 8th St
P O Box 218
Minden, NV 89423

RECEIVED

MAY 26 2009

ASSESSOR'S OFFICE
DOUGLAS COUNTY

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: WOLFGANG AND URSULA EISEN Representative: _____
Address: 300 LA QUERSTA HWY Address: _____
City/State/Zip: WOODSIDE, CA 94062 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 + RESIDENTIAL . GROWING HAY, BOARDING HORSES

3.) What is the size of the land devoted to agricultural use? ~ 80

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 placed in service by the owners listed above for agricultural purposes? 2001

6.) Was this property previously assessed as agricultural? YES If yes, when was it assessed as agricultural? 2001 (?)

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.


W.O. Eisenhut OWNER
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

W.O. EISENHUT 5-25-09
Type or Print Name Authority (i.e. Power of Attorney) Date

300 LA QUE STAWAY WOODSIDE, CA 94062 650 951-0744 _____
Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	Date <u>5/26/09</u>	Initial <u>DS</u>
<input type="checkbox"/> Property Inspected	Date _____	Initial _____
<input checked="" type="checkbox"/> Income Records inspected:	Date <u>5/26/09</u>	Initial <u>DS</u>
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	Date <u>5/26/09</u>	Initial <u>DS</u>
<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>Approved ongoing operation. New application for new parcel alignment.</u>		
<u>Douglas W. Sonnemann</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>5/26/09</u> Date

**Additional Signature Page
Attach to Application if Necessary**

 Owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)
John K. Bors 5/2/09
Type or Print Name Authority (i.e. Power of Attorney) Date
250 LA QUESTA WY 650-857-0250
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

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

Address/City/State/Zip Phone Number FAX Number

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

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