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APN (Assessor's Parcel Number):

1220-19-002-018

Return this application to: Douglas County Assessor 1616 8th St P O Box 218 Minden, NV 89423 DOC # 0763939 05/18/2010 03:40 PM Deputy: KE OFFICIAL RECORD Requested By: DC/ASSESSOR

Douglas County - NV
Karen Ellison - Recorder

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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: Flying Eagle Ranch LLC Representative: Nother A Leismen Address: Address: Address:
Address: 626 Hwy 88 Address:
Address: 626 Hwy 88 Address: City/State/Zip: 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.)
3.) What is the size of the land devoted to agricultural use?
4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes No
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5.) What is the date the property was originally placed in sagricultural purposes?	service by the owners listed above for
6.) Was this property previously assessed as agricultural?_assessed as agricultural?	If yes, when was it
7.) Was the gross income from agricultural use of the land \$5,000 or more? Yes No	
8.) Please attach a statement of revenues and expenses related and include a copy of IRS Form F. Additional documental assessor.	ated to the agricultural use of the land tion may be requested by the county
The undersigned hereby certify the foregoing information s best of (my) (our) knowledge. (I) (We) understand if this applicatio liens for undetermined amounts. (I) (We) understand that if any portiour responsibility to notify the assessor in writing within 30 days of the EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE ARPRESENTATIVE MUST INICAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE	on is approved, this property may be subject to on of this land is converted to a higher use, it is not conversion. ITATIVE MUST SIGN BELOW. IF SIGNED DICATE FOR WHOM HE IS SIGNING, HIS
Nathan a. Leising	
Signature of Applicant or Agent Capac	city (Owner, Representative, or Lessee)
Type or Print Name Authority (i.e.	e. Power of Attorney) Date
Address/City/State/Zip	Phone Number FAX Number
FOR USE BY THE COUNTY ASSESSOR OR DE Application Received Property Inspected Income Records Inspected: WA Organia Operation Written Notice of Approval or Denial Sent to Applicant Application forwarded to Department of Taxation	Dare Initial Date Initial Date Initial
Department of Taxation returned application Reasons for Approval or Denial and Other Pertinent Comments:	Date Initial Date Initial
Signature of Official Processing Application Title	5/18/10 Date