OFFICIAL RECORD Requested By: DC/ASSESSORS

Douglas County - NV Karen Ellison - Recorder

Page: 1

of 3

Fee:

PG- 4137 RPTT:

0.00 0.00

BK-0411

APN# 1220-05-000-016 Recoding Requested By Name: <u>Assessor's Office</u> Address: PO Box 218 City/State/Zip: Minden, NV 89423

> Agricultural Use Assessment Application (Title of Document)

APN (Assessor's Parcel Number):

1220-05-000-016

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	h owner of record or his representative.
Attach additional sheets if necessary:	
Owner: Stadied Family Reverable Trust	Representative:
Address: 40 Box 65	Address:
City/State/Zip: Minden, WV 89423	City/State/Zip:
2.) Describe all the uses of the land for which you a such as agricultural, residential, commercial, or indu on this parcel, the use would be both agricultural and the agricultural operation. (For instance, raising cro	Istrial use (For instance, if you farm and live d residential). In addition, please describe
bees, aquatic agriculture, hydroponic gardens.)	
Cattle Has	
3.) What is the size of the land devoted to agricultura	al use?
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?

6.) Was this property previously assessed as agricultural? assessed as agricultural?

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

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.

Fuel Good us		
Signature of Applicant or Agent	Capacity (Owner, Represen	tative, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip	Phone Number	FAX Number

		~ \ \ \ <u> </u>			
		FOR USE BY THE COUNTY ASSESSOR OR DEP	ARTMENT OF TA	XATION	
1		Application Received	4/21/11		
L	0	Property Inspected	Date	Initial	
K.			Date	Initial	
		Income Records Inspected:	Date	<u>Initial</u>	
1		Written Notice of Approval or Denial Sent to Applicant			
1			Date	Initial	
		Application forwarded to Department of Taxation	_		
N		/ /	Date	Initial	
Г	\\	Department of Taxation returned application			
١.	7		Date	Initial	•
100		for Approval or Denial and Other Pertinent Comments:	2 /2		
M	Verb	application to correspond to new	parcels		

Signature of Official Processing Application

alzel (1