SD 04/21/2011 03:52 PM Deputy: OFFICIAL RECORD Requested By: DC/ASSESSORS

Douglas County - NV Karen Ellison - Recorder

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BK-0411

PG- 4140 RPTT:

Fee:

0.00



APN# <u>1220-0</u>	5-000-017	
Recoding Req	uested By	
Name:	Assessor's Office	/_
Address:	PO Box 218	
City/State/Zip:	Minden, NV	89423

Agricultural Use Assessment Application (Title of Document)

APN (Assessor's Parcel Number):

1220-05-000-017

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:
Owner: Stadieck Family Revocable Trust Representative:
Address: P.O. Box 65 Address:
City/State/Zip: Maden 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.)
Caffle/flag
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 No

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. 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? 1)/1 7.) Was the gross income from agricultural use of the land during the preceding calendar year _____ No ____ \$5,000 or more? Yes X (A) 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. Capacity (Owner, Representative, or Lessee) Signature of Applicant or Agent Authority (i.e. Power of Attorney) Type or Print Name Date Address/City/State/Zip Phone Number FAX Number FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION Application Received ☐ Property Inspected Initial Date Income Records Inspected: Date Initial Written Notice of Approval or Denial Sent to Applicant Date Initial Application forwarded to Department of Taxation Date Initial ☐ Department of Taxation returned application Initial Date Reasons for Approval or Denial and Other Pertinent Comments: 0.00/sca

Signature of Official Processing Application