

OFFICIAL RECORD

Requested By:  
DC/ASSESSOR

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 0.00  
BK-0612 PG- 7182 RPTT: 0.00



APN# 1219-36-001-012

Recording Requested By

Name: Douglas County Assessor's Office

Address: PO Box 218

City/State/Zip: Minden, NV 89423

Agricultural Use Assessment Application  
(Title of Document)

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

1  
APN (Assessor's Parcel Number):

1219-36-001-012

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

RECEIVED

JUN 01 2012

This space for Recorder's Use Only

ASSESSOR'S OFFICE **Agricultural Use Assessment Application**  
DOUGLAS COUNTY

*Return this application to the County Assessor's Office at the address shown above no later than June 1<sup>st</sup>. 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: Jeffrey A + Marcia CARTON Representative: SELF  
Address: 1471 Southgate DR, GV, NV 89410 Address: \_\_\_\_\_  
City/State/Zip: GV, NV, 89410 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.)

(Agriculture) Composting + cows + calves + growing trees  
all for resale.

3.) What is the size of the land devoted to agricultural use? 19

4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes X No \_\_\_\_\_

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 2000

6.) Was this property previously assessed as agricultural? NO If yes, when was it 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 \_\_\_\_\_

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.

Jeffrey A. Cariton OWNER  
 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Jeffrey A. CARITON 5-31-12  
 Type or Print Name Authority (i.e. Power of Attorney) Date

1471 Southgate DR, 6V, NV, 89410 775-848-1300 775-265-3182  
 Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>6/11/12</u> Date	<u>DS</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>6/12/12</u> Date	<u>DS</u> Initial
<input checked="" type="checkbox"/> Income Records Inspected:	<u>6/28/12</u> Date	<u>DS</u> Initial
<input checked="" type="checkbox"/> Written Notice of <u>Approval</u> or Denial Sent to Applicant	<u>6/29/12</u> Date	<u>DS</u> Initial
<input type="checkbox"/> Application forwarded to Department of Taxation	_____ Date	_____ Initial
<input type="checkbox"/> Department of Taxation returned application	_____ Date	_____ Initial
Reasons for <u>Approval</u> or Denial and Other Pertinent Comments: <u>Met requirements of income and 3 years Ag use</u>		
<u>Deborah W. Somers</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>6/28/12</u> Date

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

*Marcia Cariton* owner  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

MARCIA CARITON owner 5-31-12  
Type or Print Name Authority (i.e. Power of Attorney) Date

1441 Southgate Dr, GV, NV, 89410 775-848-1300 775-265-3182  
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

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