

n/f

Doc Number: **0824287**

05/28/2013 12:02 PM

OFFICIAL RECORDS

Requested By:  
DC/ASSESSOR

APN (Assessor's Parcel Number):

1319-34-002-028

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 0.00  
Bk: 0513 Pg: 6931



Deputy sg

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

RECEIVED

AUG 07 2012

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 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: <u>James A. Benson</u>	Representative: _____
Address: <u>5030 Hell's Bells Rd</u>	Address: _____
City/State/Zip: <u>Carson City NV 89701</u>	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.)

pasture for raising cattle

3.) What is the size of the land devoted to agricultural use? 20 acres

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

contiguous with other pastures ~~to me~~ my 20 acres controlled by me.

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? \_\_\_\_\_ 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  \_\_\_\_\_ 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.

James A. Benson \_\_\_\_\_ owner \_\_\_\_\_  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

James A. Benson \_\_\_\_\_ owner \_\_\_\_\_ 4-14-12 \_\_\_\_\_  
Type or Print Name Authority (i.e. Power of Attorney) Date

5030 Hells Bells Carson City NV 89701 \_\_\_\_\_ 775 882 3999 \_\_\_\_\_  
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>8/7/12</u>	Initial <u>DS</u>
<input checked="" type="checkbox"/> Property Inspected	Date <u>5/13/13</u>	Initial <u>DS</u>
<input checked="" type="checkbox"/> Income Records Inspected:	Date <u>5/28/13</u>	Initial <u>DS</u>
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	Date <u>5/28/13</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>2 years income, 5000 last calendar year, year 3 current use.</u>		
<u>Douglas W. Schumann</u> _____	<u>Assessor</u> _____	<u>5/28/13</u> _____
Signature of Official Processing Application	Title	Date

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

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

Debra Benson Type or Print Name      owner Authority (i.e. Power of Attorney)      4-14-12 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

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\_\_\_\_ Type or Print Name      \_\_\_\_\_ Authority (i.e. Power of Attorney)      \_\_\_\_\_ Date

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