

APN (Assessor's Parcel Number):	Doc Number: 0824288 05/28/2013 12:03 PM OFFICIAL RECORDS Requested By: DC/ASSESSOR
1320-03-001-022	DOUGLAS COUNTY RECORDERS Karen Ellison – Recorder
Return this application to: Douglas County Assessor 1616 8 th St P O Box 218 Minden, NV 89423	Page: 1 Of 2 Fee: \$ 0.00 Bk: 0513 Pg: 6934 Deputy sg
RECEIVED	
1077 - 1 2012	
ASSESSOR'S OFFICE DOUGLAS COUNTY	space for Recorder's Use Only
Agricultural Use Assessmen	t Application
Return this application to the County Assessor's C no later than June 1 st . If this application is approved, it will	Office at the address shown above Il be recorded and become a public record.
IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIO APPLICATION. 1.) Please type in the following information for each owner.	
Attach additional sheets if necessary:	
Owner: hathrun 1) harryn Rep	resentative:
Address: 15460 Christian Dr. Add	Iress:
City/State/Zip: Pene; NV 89511 City	y/State/Zip:
2.) Describe all the uses of the land for which you are requ	pesting an agricultural designation
such as agricultural, residential, commercial, or industrial	
on this parcel, the use would be both agricultural and resid	
the agricultural operation. (For instance, raising crops, live	estock, poultry, fur-bearing animals,
bees, aquatic agriculture, hydroponic gardens.) Agriculture - Parse Hay and him she's	
- Ty unity - gary run min ster	
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3.) What is the size of the land devoted to agricultural use? __30 Acres

agricultural? Yes X No No

4.) Is this parcel contiguous to other lands controlled by the owner and designated as



BK : 05 13 PG : 6935 5/28/20 13

5.) What is the date the property was originally placed in agricultural purposes?	service by the owners listed above for
6.) Was this property previously assessed as agricultural? assessed as agricultural?	? Ye5 If yes, when was it
7.) Was the gross income from agricultural use of the land \$5,000 or more? Yes No	d during the preceding calendar year
8.) Please attach a statement of revenues and expenses reland include a copy of IRS Form F. Additional document assessor.	The state of the s
The undersigned hereby certify the foregoing information best of (my) (our) knowledge. (I) (We) understand if this applicati liens for undetermined amounts. (I) (We) understand that if any port our responsibility to notify the assessor in writing within 30 days of the second contract of the contract o	ion is approved, this property may be subject to tion of this land is converted to a higher use, it is
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE BY A REPRESENTATIVE, THE REPRESENTATIVE MUST IN CAPACITY, AND ONDER WHAT AUTHORITY. PLEASE TYPE	NDICATE FOR WHOM HE IS SIGNING, HIS
Suna -	Ohimor
Signature of Applicant or Agent Capa	acity (Owner, Representative, or Lessee)
Kathan harson	10/31/12
1 1	.e. Power of Attorney) Date
15440 Cherryuned Dr. Peno, NV 89511 Address/City/State/Zip	715-846-7121 175-849-2849 Phone Number FAX Number
Address/City/State/Zip	PROTE NUMBER 1782 Number
FOR USE BY THE COUNTY ASSESSOR OR D	DEPARTMENT OF TAXATION
Application Received	<u> </u>
► Property Inspected	SIGIS DS
Income Records Inspected: Work yel-acs; lable	Date Initial
Written Notice of Approval or Denial Sent to Applicant	Date Initial S
□ Application forwarded to Department of Taxation	Date Initial
\	Date Initial Date Initial
□ Application forwarded to Department of Taxation □ Department of Taxation returned application	
☐ Department of Taxation returned application Reasons for Approval or Denial and Other Pertinent Comments:	Date Initial
□ Department of Taxation returned application	Date Initial
☐ Department of Taxation returned application Reasons for Approval or Denial and Other Pertinent Comments:	Date Initial