

## Doc Number: U8Z4 05/28/2013 12:04 PM OFFICIAL RECORDS Requested By APN (Assessor's Parcel Number): DC/ASSESSOR 1320-03-001-024 DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder Fee: \$ 0.00 1 Of 2 Page: Bk: 0513 Pg: 6938 Return this application to: **Douglas County Assessor** 1616 8th St P O Box 218 Minden, NV 89423 RECEIVED NEW - 1 2012 ASSESSOR'S OFFICE This space for Recorder's Use Only DOUGLAS COUNTY **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: Representative: Address: Address: City/State/Zip: 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.)

3.) What is the size of the land devoted to agricultural use? \_\_\_\_\_30 Acres

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

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5.) What is the date the property was originally placed in service by the owners listed abov agricultural purposes?	e for
6.) Was this property previously assessed as agricultural? 45 If yes, when was it assessed as agricultural?	
7.) Was the gross income from agricultural use of the land during the preceding calendar yes 5,000 or more? Yes No No	ear
8.) Please attach a statement of revenues and expenses related to the agricultural use of the and include a copy of IRS Form F. Additional documentation may be requested by the coursessor.	
The undersigned hereby certify the foregoing information submitted is true, accurate and complet best of (my) (our) knowledge. (I) (We) understand if this application is approved, this property may be su liens for undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher to our responsibility to notify the assessor in writing within 30 days of the conversion.	bject to
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF S BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNIN CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNAT	IG, HIS
Owner	
Signature of Applicant or Agent Capacity (Owner, Representative, or L	essee)
Kathyn harson 10/3,1	12
Type of Print Name  Authority (i.e. Power of Attorney)  Date  Authority (i.e. Power of Attorney)  Authority (i.e. Power of Attorney)	9-2186
Address/City/State/Zip Zeno, NV 89511 775-844-7121 775-844  Phone Number FAX Nu	
FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION	
Application Received    Martin   Martin	
Property Inspected 5/13/13 DS	ľ
Income Records Inspected: Wat available Date Initial Initial	
Written Notice of Approval or Denial Sent to Applicant 5/16/13	
Date Initial  Application forwarded to Department of Taxation	
Date Initial  Department of Taxation returned application	
Date Initial	
Reasons for Approval or Denial and Other Pertinent Comments:	
A Call	
Signature of Official Processing Application  Title  Date	<u> </u>