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Doc Number: **0824292**

05/28/2013 12:08 PM

OFFICIAL RECORDS

Requested By
DC/ASSESSOR

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 0.00

Bk: 0513 Pg: 6942



Deputy: sg

APN (Assessor's Parcel Number):

1319-11-001-003

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

RECEIVED

FEB 22 2013

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 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: Kaufman Family Trust
Address: 909 Lois Ave
City/State/Zip: Sunnyvale CA 94087

Representative: Raymond & Barbara Kaufman
Address: 909 Lois Ave
City/State/Zip: Sunnyvale, CA 94087

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.)

Rental of residence and agriculture / Grass hay

3.) What is the size of the land devoted to agricultural use? 28 acres

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

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? January 30, 2013

6.) Was this property previously assessed as agricultural? yes If yes, when was it assessed as agricultural? Before 2008

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.

[Signature] _____ Owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Raymond G. Kaufman Power of Attorney 2/20/13
Type of Print Name Authority (i.e. Power of Attorney) Date

909 Lois Ave Sunnyvale, CA 94087 408-569-1046 _____
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>2/22/13</u>	<u>DS</u>
	Date	Initial
<input checked="" type="checkbox"/> Property Inspected	<u>5/13/13</u>	<u>DS</u>
	Date	Initial
<input type="checkbox"/> Income Records Inspected: <u>Not yet available</u>	<u>N/A</u>	<u>DS</u>
	Date	Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	<u>5/16/13</u>	<u>DS</u>
	Date	Initial
<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>Proof of income required for 2014</u>		
<u>[Signature]</u>	<u>Assessor</u>	<u>5/14/13</u>
Signature of Official Processing Application	Title	Date

Additional Signature Page
Attach to Application if Necessary

[Signature] _____ Owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Raymond G Kaufman _____ Power of Attorney 2/20/13
Type or Print Name Authority (i.e. Power of Attorney) Date

909 Lois Ave, Sunnyvale, CA 94087 _____ 408-569-1046 _____
Address/City/State/Zip Phone Number FAX Number

[Signature] _____ Owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Barbara J Kaufman _____ Power of Attorney 2/20/13
Type or Print Name Authority (i.e. Power of Attorney) Date

909 Lois Ave, Sunnyvale, CA 94087 _____ 408-836-3268 _____
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

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