

Assessor's Parcel Number: 1219-14-002-073

Recording Requested By:

Name: DOUG SONNEMANN

Address: 1616 8TH STREET

City/State/Zip MINDEN, NV 89423

Real Property Transfer Tax:

\$ \_\_\_\_\_

Doc Number: **0844553**

06/16/2014 11:53 AM

OFFICIAL RECORDS

Requested By  
DC/ASSESSOR

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 0.00

Bk: 0614 Pg: 3497



Deputy ar

**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)

*This cover page must be typed or legibly hand printed.*

APN (Assessor's Parcel Number):

1219-14-002-073

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

RECEIVED

APR 29 2014

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: GARY R. DITTMAR  
Address: 979 RUBIO WAY  
City/State/Zip: GARDNERVILLE NV 89460

Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
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.)

• RAISING CROPS  
• LIVESTOCK

3.) What is the size of the land devoted to agricultural use? 20.2 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? 6-4-2013

6.) Was this property previously assessed as agricultural? YES 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.

Mary R Dittmar OWNER  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

GARY R. DITTMAR SAME 4-28-2014  
Type or Print Name Authority (i.e. Power of Attorney) Date

979 RUBIO WAY, GARDNERVILLE 775-392-0967 SAME  
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>4/29/14</u> Date	<u>DS</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>5/21/14</u> Date	<u>FD</u> Initial
<input checked="" type="checkbox"/> Income Records Inspected:	<u>6/16/14</u> Date	<u>DS</u> Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	<u>6/16/14</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 Approval or Denial and Other Pertinent Comments: <u>Used for cattle grazing. Need 2014 proof of income</u>		
<u>Douglas L. Swanson</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>6/16/14</u> Date

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

[Signature]  
Signature of Applicant or Agent

OWNER  
Capacity (Owner, Representative, or Lessee)

RON HURLBERT  
Type or Print Name

4-29-2014  
Authority (i.e. Power of Attorney) Date

120 SUMMIT RIDGE WAY  
Address/City/State/Zip GRANDVILLE NV.  
89460

805-838-4079 N/A  
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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Signature of Applicant or Agent

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Capacity (Owner, Representative, or Lessee)

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