



00014546201508627090040049

KAREN ELLISON, RECORDER

**Assessor's Parcel Number: 1319-34-001-003**

**Recording Requested By:**

**Name: DOUGLAS CO ASSESSOR**

**Address: 1616 8<sup>TH</sup> ST**

**City/State/Zip MINDEN, NV 89423**

**Real Property Transfer Tax: \$**

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**AGRICULTURAL USE ASSESSMENT APPLICATION**

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(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):

1319-34-001-003

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

**RECEIVED**

MAY 20 2015

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: Joseph MASINI ETAL  
Address: 1398 Madcap Lane  
City/State/Zip: GARDNERVILLE NV, 89410

Representative: Michael Gilbert  
Address: 1398 Madcap Lane  
City/State/Zip: Gardnerville NV, 89410

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.)

Live stock and grass Hay

3.) What is the size of the land devoted to agricultural use? 80 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? 2013

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

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes X 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.

Maureen Mack OWNER  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

\_\_\_\_\_  
Type or Print Name Authority (i.e. Power of Attorney) Date 5-20-15

1618 Wild Rose Winter WA 99423 775-21-0300  
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>5/22/15</u>	<u>DS</u>
	Date	Initial
<input checked="" type="checkbox"/> Property Inspected	<u>5/22/15</u>	<u>DS</u>
	Date	Initial
<input checked="" type="checkbox"/> Income Records Inspected:	<u>5/22/15</u>	<u>DS</u>
	Date	Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	<u>5/22/15</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>Owned by qualified operators.</u>		
<u>Dagmar W. Samson</u>	<u>Assessor</u>	<u>5/22/15</u>
Signature of Official Processing Application	Title	Date

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

~~Robert~~ Michael C. Gilbert      Lessee  
Signature of Applicant or Agent      Capacity (Owner, Representative, or Lessee)

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

1398 Madcap Lane Gville Wv 26041      775-790-0607  
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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