



00014547201508627100030039

KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1219-03-002-086

Recording Requested By:

Name: DOUGLAS CO ASSESSOR

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

City/State/Zip MINDEN, NV 89423

Real Property Transfer Tax: \$

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):

1219-03-002-086

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

**RECEIVED**

MAY 15 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: <u>Julie A Whipple, Trustee of the Julie Whipple revocable trust dated June 25, 2014</u> | Representative: _____ |
| Address: <u>389 Mottsville LN</u>   | Address: _____        |
| City/State/Zip: <u>Gardnerville, NV 89460</u>   | 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.)

Agriculture/residential - raise/sell/breed performance horses  
lease land for cattle - horses graze the property as well.

3.) What is the size of the land devoted to agricultural use? 19

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? Livestock here, May 8<sup>th</sup> 2015 preparing the property since Jan 2<sup>th</sup> 2015 for Livestock

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 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. - My 2014 taxes are not complete yet. I do have my 2013 & will have proof of livestock sales when 2014 are completed.

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.

Julie A. Whipple  
Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

Julie A. Whipple  
Type or Print Name

Authority (i.e. Power of Attorney)

5/14/15  
Date

389 Mottsville LN Gardnerville, NV  
Address/City/State/Zip

951 602-2183  
Phone Number

FAX Number

| FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION  |                 |                |
|---|-----------------|----------------|
| <input checked="" type="checkbox"/> Application Received  | <u>5/15/15</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>Lease</u>                          | <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:<br><u>leased to qualified operator</u> |                 |                |
| <u>[Signature]</u>  | <u>Assessor</u> | <u>5/22/15</u> |
| Signature of Official Processing Application  | Title           | Date           |