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KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1319-11-001-013

Recording Requested By:

✓ Name: DOUG SONNEMANN/DOUGLAS CO

Address: 1616 8TH ST

City/State/Zip MINDEN, NV 89423

Real Property Transfer Tax: \$N/A

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.

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 12/30/14

6.) Was this property previously assessed as agricultural? Yes If yes, when was it assessed as agricultural? June 2012

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. Prior owner has these records.

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)

Karen L. Tye 12/30/14
Type or Print Name Authority (i.e. Power of Attorney) Date

600 Genoa Lane Genoa, NV 89411 775-901-0383 —
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>6/6/15</u>	<u>DS</u>
	Date	Initial
<input checked="" type="checkbox"/> Property Inspected	<u>6/2/15</u>	<u>DS</u>
	Date	Initial
<input type="checkbox"/> Income Records Inspected:		
	Date	Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant <u>Conditional</u>	<u>6/2/15</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>Approved for 2015/16 Needs to provide \$5,000 income by 6/1/16</u>		
<u>[Signature]</u>	<u>Assessor</u>	<u>6/2/15</u>
Signature of Official Processing Application	Title	Date