



KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1320-34-001-007

Recording Requested By:

Name: DOUG SONNEMANN/ASSESSOR

Address: 1616 8TH STREET

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.

APN (Assessor's Parcel Number):

1320-34-001-007

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

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APR 25 2017

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: TODD PETERSON Representative: _____
Address: 154th ORCHARD RD. Address: _____
City/State/Zip: GARDNERVILLE, NV 89410 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.)

AND RESIDENTIAL AGRICULTURAL (ALFALFA HAY)

3.) What is the size of the land devoted to agricultural use? 9.1 ACRES

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

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DOUGLAS COUNTY

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 12/30/2015

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 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.

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

TODD PETERSEN _____ OWNER _____
Type or Print Name Authority (i.e. Power of Attorney) Date

1548 ORCHARD RD, GARDNERVILLE, NJ 08940 _____ 650-814-3361 _____
Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	Date	Initial
	<u>5-1-17</u>	<u>web</u>
<input checked="" type="checkbox"/> Property Inspected	Date	Initial
	<u>6/13/17</u>	<u>kp</u>
<input checked="" type="checkbox"/> Income Records Inspected:	Date	Initial
	<u>6/6/17</u>	<u>kp</u>
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	Date	Initial
	<u>6/27/17</u>	<u>kp</u>
<input type="checkbox"/> Application forwarded to Department of Taxation	Date	Initial
<input checked="" type="checkbox"/> Department of Taxation returned application	Date	Initial
	<u>6/28/17</u>	<u>kp</u>
Reasons for Approval or Denial and Other Pertinent Comments:		
<u>9 of 10 acres approved with 1 acre not qualifying because it served as home site</u>		
<u>Chuck Bailey</u>	<u>Supervisor Locally Assessed Properties</u>	<u>6/27/17</u>
Signature of Official Processing Application	Title	Date

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DOUGLAS COUNTY

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

VIRGINIA NIKOLOFF _____ OWNER _____
 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

VIRGINIA NIKOLOFF _____
 Type or Print Name Authority (i.e. Power of Attorney) Date

1546 ORCHARD RD, GARDNERVILLE GA 30222-7358 _____
 Address/City/State/Zip Phone Number FAX Number
NV 89410

 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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