NO FEE

10/20/2017 10:37 AM

DC/ASSESSOR

Pgs=3

KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1219-14-002-052

Recording Requested By:

Name: Doug Sonnemann, Assessor

Address: 1616 8th St

City/State/Zip Minden, NV 89423

\$0 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.

1219-14-002-052

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

RECEIVED

SEP 2 9 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: THE GEORGE FAMILY TRUST	Representative: TOBIN (FORGE	ت

Address: 4732 HAMPTON RO

City/State/Zip: LA CANADA CA 9/011

Representative: TOBIN GORGE

Address: 4737 HAMPTON RO

City/State/Zip: LA CANADA CA 9/011

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.)

THE CULLENT USE OF 100% IS GRAZING WE FRAN TORULD A HOME ON A PORTION IN 2018, AND LEAVE THE BALLANCE TO BE USED FOR GOALING

- 3.) What is the size of the land devoted to agricultural use? 40 MC255

	5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 8-14-2017
	6.) Was this property previously assessed as agricultural? <u>UFG</u> If yes, when was it assessed as agricultural? <u>UNUHOWH TO ME</u> , BUT I WOULD ASSUME AT LIEURS 12 YEARS PRIOR
	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. I HAVE HO FORME AND HAVE HO PECCHS TO MAY FORME FILE!
	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 of Applicant of Agent Capacity (Owner, Representative, or Lessee)
	TOBIN GEORGE Type or Print Name Authority (i.e. Power of Attorney) Date
	4732 HAM PRO LA CANADA GA 91011 812-314-7760 Address/City/State/Zip Phone Number FAX Number
	FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION Application Received Date / Initial
	Property Inspected Property Inspected: Must be Described Initial Initial
	Written Notice of Approval of Denial Sent to Applicant Date Initial Date Initial Date Initial
	□ Application forwarded to Department of Taxation □ Date □ Department of Taxation returned application
_	Reasons for Approval or Denial and Other Pertinent Comments: Parcel used to grazine, must provide proof a income.
4	Signature of Official Processing Application Title Date