



00074411201809151200040049

KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1219-26-001-056

Recording Requested By:

Name: DOUG SONNEMANN

Address: 1616 8TH STREET

City/State/Zip MINDEN, NV 89423

Real Property Transfer Tax: \$N/A

AGRICULTURAL USE ASSESSMENT APPLICATON

(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):

1219-26-001-054

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

RECEIVED

MAY 25 2018

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: North Forty Enterprises
Address: 595 North Forty Rd.
City/State/Zip: Gardnerville, NV 89460

Representative: Steve and Kristin Austin
Address: 906 Howard St.
City/State/Zip: Marina Del Rey, CA 90292

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.)

Agricultural and Residential. Livestock, cow grazing
hay harvesting

3.) What is the size of the land devoted to agricultural use? Approx 35 Acres

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

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 12/08/17

6.) Was this property previously assessed as agricultural? YES If yes, when was it assessed as agricultural? 01/01/1994

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.

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)

Kristin Austin 05/15/2018
Type or Print Name Authority (i.e. Power of Attorney) Date

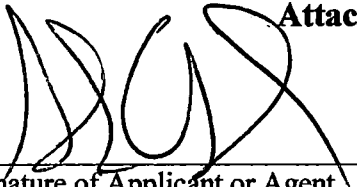
595 North Forty Rd 89460 3104284518
Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>5/25/18</u> Date	<u>DS</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>5/30/18</u> Date	<u>DS</u> Initial
<input checked="" type="checkbox"/> Income Records Inspected: <u>Lease to qualified operator</u>	<u>5/30/18</u> Date	<u>DS</u> Initial
<input checked="" type="checkbox"/> Written Notice of <u>Approval</u> or Denial Sent to Applicant	<u>5/30/18</u> Date	<u>DR</u> 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:
Property leased to a qualified operator

[Signature] Assessor 5/30/18
Signature of Official Processing Application Title Date

Additional Signature Page
Attach to Application if Necessary

 OWNER
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)
Steve Austin 05/15/18
Type or Print Name Authority (i.e. Power of Attorney) Date
595 North Forty Rd 89460 3104284518
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

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

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