



KAREN ELLISON, RECORDER

Assessor's Parcel Number 1220-30-001-011

Recording Requested By

Name: TRENT A. THOLEN

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):

1220-30-001-011

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

RECEIVED

MAR 26 2019

This space for Recorder's Use Only

ASSESSOR'S OFFICE
DOUGLAS COUNTY

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 AARON N. LEISING
Address 10040 STONEFIELD DR.
City/State/Zip RENO, NV 89521

Representative _____
Address _____
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)

CONTINUED AGRICULTURAL USE WITH NATHAN LEISING (FLYING EAGLE RANCH, LLC.)
(HAY CROP)

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 _____

5) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? _____

6) Was this property previously assessed as agricultural? _____ 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 _____ 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

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

AARON N. LEISING Authority (i.e. Power of Attorney) 3/26/19
Type or Print Name Date

10040 STONEFIELD Dr. Bend, Nr 84521 775-313-8761 _____
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>3/26/19</u> Date	<u>TL</u> Initial
<input type="checkbox"/> Property Inspected <u>N/A</u>	<u>3/26/19</u> Date	<u>TL</u> Initial
<input type="checkbox"/> Income Records Inspected <u>N/A</u>	<u>3/26/19</u> Date	<u>TL</u> Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	<u>3/29/19</u> Date	<u>TL</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 <u>will continue in ag use</u>		
<u>[Signature]</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>3/29/19</u> Date

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

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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