DOUGLAS COUNTY, NV This is a no fee document NO FEE

2019-927710 04/10/2019 03:05 PM

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DC/ASSESSOR



KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1319-35-000-009

**Recording Requested By:** 

Name: TRENT A. THOLEN

Address: 1616 8<sup>TH</sup> 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.

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APN (Assessor's Parcel Number):

1319-35-000-009

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

## RECEIVED

APR 08 2019

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  $1^{st}$ . 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: Jary Jranch UL.
Address: 1411e Engar Maple AVR
City/State/Zip: Gudrerthe NV, 29410

Representative: William Drew Kotal
Address: 1416 Biga Maple Ave
City/State/Zip: Galarile 1410

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.)

sole agriculture land used for livestock

- 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 agricultural purposes?/o//2_//7	l in service by the owners listed above for
6.) Was this property previously assessed as agricultural? /2/4/17	ral? Les, when was it
7.) Was the gross income from agricultural use of the \$5,000 or more? Yes No	land during the preceding calendar year
8.) Please attach a statement of revenues and expenses and include a copy of IRS Form F. Additional docum assessor.	
The undersigned hereby certify the foregoing information best of (my) (our) knowledge. (I) (We) understand if this appliens for undetermined amounts. (I) (We) understand that if any our responsibility to notify the assessor in writing within 30 days	ication is approved, this property may be subject to portion of this land is converted to a higher use, it is
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRIBY A REPRESENTATIVE, THE REPRESENTATIVE MUST CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE T	I INDICATE FOR WHOM HE IS SIGNING, HIS
17	<b>a</b> (
Signature of Applicant or Agent	apacity (Owner, Representative, or Lessee)
	apacity (Owner, Representative, or Lessee)
William Drin Kolbe	10/20/18
Type or Print Name Authority	y (i.e. Power of Attorney) Date
1.111. 6 100 100 100 100 100 100 100 100 100 1	u / lander ou u u m
1416 Saga Mayle Ave. Gusherth H Address/City/State/Zip 89460	Phone Number FAX Number
FOR USE BY THE COUNTY ASSESSOR C	OR DEPARTMENT OF TAXATION
Application Received	Date / Initial
□ Property Inspected ✓ 🔼	<u> </u>
□ Income Records Inspected: ~	Date 4/9/19 Initial
Written Notice of Approval or Denial Sent to Applica	Date 4/9/19 Initial TT
☐ Application forwarded to Department of Taxation	Date Initial
☐ Department of Taxation returned application	Date Initial
	Date Initial
Reasons for Approval or Denial and Other Pertinent Comment	s:
- 1701	1- 1-
Signature of Official Processing Application	Assesso Ularga Date
organism of Otherm I recessing Application	Title Date

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## 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
Signature of Applicant or Agent	Capacity (Owner, Represen	tative, 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, Represen	tative, 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, Represen	tative, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip	Phone Number	FAX Number