



00102200201909385070040043

KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1319-09-702-020

Recording Requested By:

Name: TRENT A. THOLEN

Address: 1616 8TH ST

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):

1319-09-702-020

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

RECEIVED

SEPT 27 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 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: Dan + Sheri Walters
Address: P.O. Box 58
City/State/Zip: Genoa, NV. 89411

Representative: Dan + Sheri Walters
Address: P.O. Box 58
City/State/Zip: Genoa, NV. 89411

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.)

Agriculture, raising crops + Livestock

3.) What is the size of the land devoted to agricultural use? 2.61

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? 1902

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.

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

Sheri Walters Type or Print Name _____ Authority (i.e. Power of Attorney) _____ Date _____

P.O. Box 58 Genoa, NV, 89411 Address/City/State/Zip 775-783-0885 Phone Number _____ FAX Number _____

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>9/27/19</u> Date	<u>π</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>11/19/19</u> Date	<u>π</u> Initial
<input type="checkbox"/> Income Records Inspected: <u>N/A</u>	_____ Date	_____ Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	<u>11/19/19</u> Date	<u>π</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 <u>Approval</u> or Denial and Other Pertinent Comments: <u>Continued ag use. contiguous to larger ag parcel</u>		
<u>[Signature]</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>11/19/19</u> Date

Additional Signature Page
Attach to Application if Necessary

[Handwritten Signature] _____
Signature of Applicant or Agent

Owner _____
Capacity (Owner, Representative, or Lessee)

Daniel Walters _____
Type or Print Name

_____ Authority (i.e. Power of Attorney) _____ Date

P.O. Box 58 Genoa, NV. 89411 _____
Address/City/State/Zip

775-721-6518 _____
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)

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)

Type or Print Name

_____ Authority (i.e. Power of Attorney) _____ Date

Address/City/State/Zip

_____ Phone Number _____ FAX Number