



00102816201909390380040044

KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1220-07-002-009

Recording Requested By:

Name: TRENT A. THOLEN, ASSESSOR

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):

1220-07-602-009

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

RECEIVED

OCT 10 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: <u>Innott family LLC</u>	Representative: <u>PETER SINNOTT</u>
Address: <u>876 Centerville Ln</u>	Address: <u>5432 Lynette Lane A</u>
City/State/Zip: <u>Carson City NV 89701</u>	City/State/Zip: <u>Carson City Nevada</u>

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 + Residential - Raise crops grass hay + alfalfa, raise cattle, horses, goats.

3.) What is the size of the land devoted to agricultural use? 50 Acres

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

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? Unknown - 100 years

6.) Was this property previously assessed as agricultural? always that I know 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.

Peter D. Sinnott Owner / Representative
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

PETER D. Sinnott 9-10-19
Type or Print Name Authority (i.e. Power of Attorney) Date

5432 Lynett Lane 775 690 8738 775 883 1420
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>10/10/19</u>	<u>TS</u>
	Date	Initial
<input checked="" type="checkbox"/> Property Inspected	<u>11/22/19</u>	<u>TS</u>
	Date	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>12/2/19</u>	<u>TS</u>
	Date	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>Continued ag use</u>		
<u>[Signature]</u>	<u>Assessor</u>	<u>12/2/19</u>
Signature of Official Processing Application	Title	Date

Additional Signature Page
Attach to Application if Necessary

Peter D. Sinnett _____ Owner & Rep _____
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

PETER D. Sinnett _____ Corporate entity _____ 10-9-19 _____
Type or Print Name Authority (i.e. Power of Attorney) Date

5432 Lynnett Lane _____ Cenon City NC _____ 775 883 1420 _____
Address/City/State/Zip (Lynnett) Phone Number FAX Number

Phone/
Fax

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