



00107960202009432100040043

KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1122-00-001-015

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):

1122-00-001-015

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

RECEIVED

MAR 06 2020

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: Ted Borda
Address: 1432 Ezell St
City/State/Zip: Gardnerville NV 89410

Representative: Joyce Gavin
Address: 1432 Ezell St
City/State/Zip: Gardnerville NV 89410

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
Sheep Ranching

3.) What is the size of the land devoted to agricultural use? 40 acres

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

BLM Permits

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? January 27, 2020

6.) Was this property previously assessed as agricultural? yes If yes, when was it assessed as agricultural? always

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

Ted Borda Authority (i.e. Power of Attorney) 3.5.20
Type or Print Name Authority (i.e. Power of Attorney) Date

1432 Ezell St, Gardnerville NV 89410 775-790-0740 NA
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>3/6/2020</u>	<u>TT</u>
	Date	Initial
<input checked="" type="checkbox"/> Property Inspected	<u>3/6/2020</u>	<u>TT</u>
	Date	Initial
<input type="checkbox"/> Income Records Inspected: <u>NA</u>		
	Date	Initial
<input checked="" type="checkbox"/> Written Notice of <u>Approval</u> or Denial Sent to Applicant	<u>3/6/2020</u>	<u>TT</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 <u>Approval</u> or Denial and Other Pertinent Comments: <u>Continued Ag use</u>		
<u>[Signature]</u>	<u>Assessor</u>	<u>3/6/2020</u>
Signature of Official Processing Application	Title	Date

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

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

Ted Borda _____ Authority (i.e. Power of Attorney) _____ Date _____
Type or Print Name

1432 Ezell St. Gardnerville NV 89410 775-790-0740 NA _____
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

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