Assessor's Parcel Number: 1219-01-000-021

Recording Requested By:

Name: TRENT A. THOLEN, ASSESSOR

Address: 1616 8TH ST

City/State/Zip MINDEN, NV 89423

Real Property Transfer Tax: \$N/A

DOUGLAS COUNTY, NV

2020-945669

This is a no fee document NO FEE

05/06/2020 08:53 AM

DC/ASSESSOR

Pgs=4



KAREN ELLISON, RECORDER

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):

1219-01-000-021

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

RECEIVED

APR 2 4 2020

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: Mottsville Land Company LLC Representative: Kathleen L. Hone
Address: P.O. Box 1956 Address: P.O. Box 1956
City/State/Zip: Minden, NV 89423 City/State/Zip: Minden, NV 89423
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.) This land is used for the raising of cattle and grazing and grass hay
\
3.) What is the size of the land devoted to agricultural use?
4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes

	is the date the property was originally placed in all purposes?	n service by the own	ers listed above for
	his property previously assessed as agricultural as agricultural?	?If ye	s, when was it
7.) Was t \$5,000 or	he gross income from agricultural use of the last more? Yes No	nd during the preced	ling calendar year
	e attach a statement of revenues and expenses rade a copy of IRS Form F. Additional documer		
best of (my liens for ur	the undersigned hereby certify the foregoing information by (our) knowledge. (I) (We) understand if this applicant that if any possibility to notify the assessor in writing within 30 days of the same of the control of the same of the control of the same of the control of the	tion is approved, this portion of this land is con-	roperty may be subject to
BY A REI	VNER OF RECORD OR HIS AUTHORIZED REPRES PRESENTATIVE, THE REPRESENTATIVE MUST I Y, AND UNDER WHAT AUTHORITY. PLEASE TY	NDICATE FOR WHO	M HE IS SIGNING, HIS
Signature	e of Applicant or Agent Cap	Manager of Opposity (Owner, Repr	wneresentative, or Lessee)
	glas K. Hone	Manager	ney) 4/22/2020 Date
•		(i.e. Power of Attorn	ney) 19ate
	Box 1956, Minden, NV 89423 City/State/Zip	7 <u>75-782-4758</u> Phone Number	
X	FOR USE BY THE COUNTY ASSESSOR OR Application Received	4/24/2020	
7	Property Inspected	Date 5/5/2023 Date	Initial Initial
	Income Records Inspected: NA	Date	Initial
×	Written Notice of Approval or Denial Sent to Applicant		Initial
	Application forwarded to Department of Taxation	Date	Initial
Reasons	Department of Taxation returned application for Approval or Denial and Other Pertinent Comments:	Date	Initial
Reasons	Continued ag use		
Signatur	re of Official Processing Application T	Assessor itle	5/5/2020 Date

Additional Signature Page Attach to Application if Necessary

Tarree L Flore	Manager of Owner	\ \
Signature of Applicant or Agent	Capacity (Owner, Represent	ative, or Lessee)
Kathleen L. Hone	Manager	4/22/2021
Type or Print Name	Authority (i.e. Power of Attorney)	Date
P.O. Box 1956, Minden, NV 89423	775-782-4758	
Address/City/State/Zip	Phone Number	FAX Number
<		
Signature of Applicant or Agent	Capacity (Owner, Represent	ative, 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, Represent	tative, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip	Phone Number	FAX Number
Ci d CA II		T
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/Zin	Phone Number	FAX Number