



00111764202009466740040047

KAREN ELLISON, RECORDER

**Assessor's Parcel Number: 1219-10-001-049**

**Recording Requested By:**

**Name: TRENT A. THOLEN, ASSESSOR**

**Address: 1616 8<sup>TH</sup> ST**

**City/State/Zip MINDEN, NV 89423**

**Real Property Transfer Tax: \$N/A**

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**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):

1219-10-001-049

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

RECEIVED

MAY 22 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 1<sup>st</sup>. 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: Foothill Ranch LLC  
Address: PO Box A  
City/State/Zip: Minden, NV 89423

Representative: Mel Schwabe Jr  
Address: PO Box A  
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.)

Agricultural - range, watershed, livestock  
bees

3.) What is the size of the land devoted to agricultural use? 57.13

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? 4/27/1999

6.) Was this property previously assessed as agricultural? yes If yes, when was it assessed as agricultural? 3/12/1956

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.

Melvin H Schwate Jr Foot Hill Ranch LLC  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Melvin H Schwate Sr Manager 5/15/20  
Type or Print Name Authority (i.e. Power of Attorney) Date

PO Box A Minden, NV 89423 782 7978 —  
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>5/22/20</u> Date	<u>TT</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>5/26/20</u> Date	<u>TT</u> Initial
<input type="checkbox"/> Income Records Inspected: <u>N/A</u>	_____ Date	_____ Initial
<input checked="" type="checkbox"/> Written Notice of <span style="border: 1px solid black; padding: 2px;">Approval</span> or Denial Sent to Applicant	<u>5/26/20</u> Date	<u>TT</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 Approval or Denial and Other Pertinent Comments: <u>continued as use</u>		
<u>[Signature]</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>5/26/2020</u> Date

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

Melvin H Schwake Sr  
Schwake Family Cr

Signature of Applicant or Agent

Schwake Family Credit Trust

Capacity (Owner, Representative, or Lessee)

Melvin H Schwake Sr Trustee

Type or Print Name

Authority (i.e. Power of Attorney)

5/15/20

Date

PO Box A Minden, NV 89423 7827978

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)

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