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KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1220-19-001-005

Recording Requested By:

Name: TRENT 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

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(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):

1220-1A-0A-005

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

**RECEIVED**

MAY 28 2021

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:

1/2 Owner

Owner: S E C Rahbek Trust

Representative: Steven Rahbek

Address: Box 1211

Address: Box 1211

City/State/Zip: Zephyr Cove, NV 89448

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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.)

D. Agricultural & Residential

2. Raising & feeding livestock & raising crops

3.) What is the size of the land devoted to agricultural use? 22.75 A

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? \_\_\_\_\_

6.) Was this property previously assessed as agricultural? Yes If yes, when was it assessed as agricultural? 2020 and many years prior thereto

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.

Steven K Rahbek Trustee  
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Steven Rahbek  
Type or Print Name Authority (i.e. Power of Attorney) Date

Box 12111, Zephyr Cove, NV 775-720-8024  
Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	Date <u>5/28/21</u>	Initial <u>TR</u>
<input checked="" type="checkbox"/> Property Inspected	Date <u>6/1/21</u>	Initial <u>TR</u>
<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	Date <u>6/1/21</u>	Initial <u>TR</u>
<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>Related party transfer. No change in use</u>		
<u>[Signature]</u>	<u>Assessor</u>	<u>6/1/21</u>
Signature of Official Processing Application	Title	Date