



00135855202109683560030035

KAREN ELLISON, RECORDER

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

Recording Requested By:

Name: TRENT THOLEN, ASSESSOR

Address: 1616 8TH ST

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):

1220-19-001-005

This space for Recorder's Use Only

Return this application to:

DOUGLAS COUNTY NEVADA
1616 8TH STREET
PO BOX 218
MINDEN, NV 89423

RECEIVED

MAY 26 2021

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:

1/2 owner

Owner: The J & K Rahbek Trust

Representative: Jeff Rahbek Trustee

Address: Box 217

Address: Box 217

City/State/Zip: Genoa, NV

City/State/Zip: Genoa, NV

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.)

1) Agricultural & Residential

2) Raising & feeding livestock & raising crops

3. What is the size of the land devoted to agricultural use? 22.73 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 No 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 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 HE IS SIGNING. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

Jeff Rahbeck
Signature of Applicant or Agent
Jeff Rahbeck
Type or Print Name

Trustee
Capacity (Owner, Representative, or Lessee)

Authority (i.e. Power of Attorney) Date

Box 217 Genoa, NY
Address/City/State/Zip

775-782-7669 jr@rahbeckcs.com
Phone Number ~~FAX Number~~ email

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>5/28/21</u> Date	<u>TR</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>6/1/21</u> Date	<u>TR</u> Initial
<input type="checkbox"/> Income Records Inspected: <u>N/A</u>	_____ Date	_____ Initial
<input checked="" type="checkbox"/> Written Notice of <u>Approval</u> or Denial Sent to Applicant	<u>6/1/21</u> Date	<u>TR</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>Related party transfer. No change in use.</u>		
<u>Trent J. [Signature]</u>	<u>Assessor</u>	<u>6/1/21</u>
Signature of Official Processing Application	Title	Date