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KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1219-14-002-083

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):

1219-14-002-083

This space for Recorder's Use Only

Return this application to:

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

RECEIVED

JUN 23 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:

Owner: Brown Family Trust Representative: Michael & Debra Brown
Address: 810 Eagle Meadows Ln Address: Same
City/State/Zip: Gardnerville, NV 89460 City/State/Zip: Same

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.)

We live on the property. We raise cattle for breeding, we process the beef for consumption and sales.

3. What is the size of the land devoted to agricultural use? approx. 17 acres

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? Oct. 2015
6. Was this property previously assessed as agricultural? Yes No If yes, when was it assessed as agricultural? 20+ years
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.

Michael R. Brown owner
 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Michael R. Brown (trustee) 6/23/2021
 Type or Print Name Authority (i.e. Power of Attorney) Date

810 Eagle Meadows Ln 775-450-4814
 Address/City/State/Zip Phone Number FAX Number

Gardnerville NV 89460

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>6/23/21</u>	<u>π</u>
	Date	Initial
<input type="checkbox"/> Property Inspected	_____	_____
	Date	Initial
<input type="checkbox"/> Income Records Inspected:	_____	_____
	Date	Initial
<input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	_____	_____
	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 Approval or Denial and Other Pertinent Comments: <u>Transfer of ownership from individuals into a trust. Will remain in ag.</u>		
<u>[Signature]</u>	<u>Assessor</u>	<u>6/23/21</u>
Signature of Official Processing Application	Title	Date

Attach to Application if Necessary

Debra L. Brown (trustee) Owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Debra L. Brown _____ 6/23/2021
Type or Print Name Authority (i.e. Power of Attorney) Date

810 Eagle Meadows Ln. 832-221-2298 _____
Address/City/State/Zip Phone Number FAX Number
Gardnerville NV
89400

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

Address/City/State/Zip Phone Number FAX Number

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

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