

APN# SEE ATTACHED LIST

Recording Requested by/Mail to:

Name: DOUGLAS CO. ASSESSOR

Address: 1616 8TH STREET

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: N/A

Address: _____

City/State/Zip: _____



SHAWNYNE GARREN, RECORDER

AGRICULTURAL USE ASSESSMENT APPLICATION

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

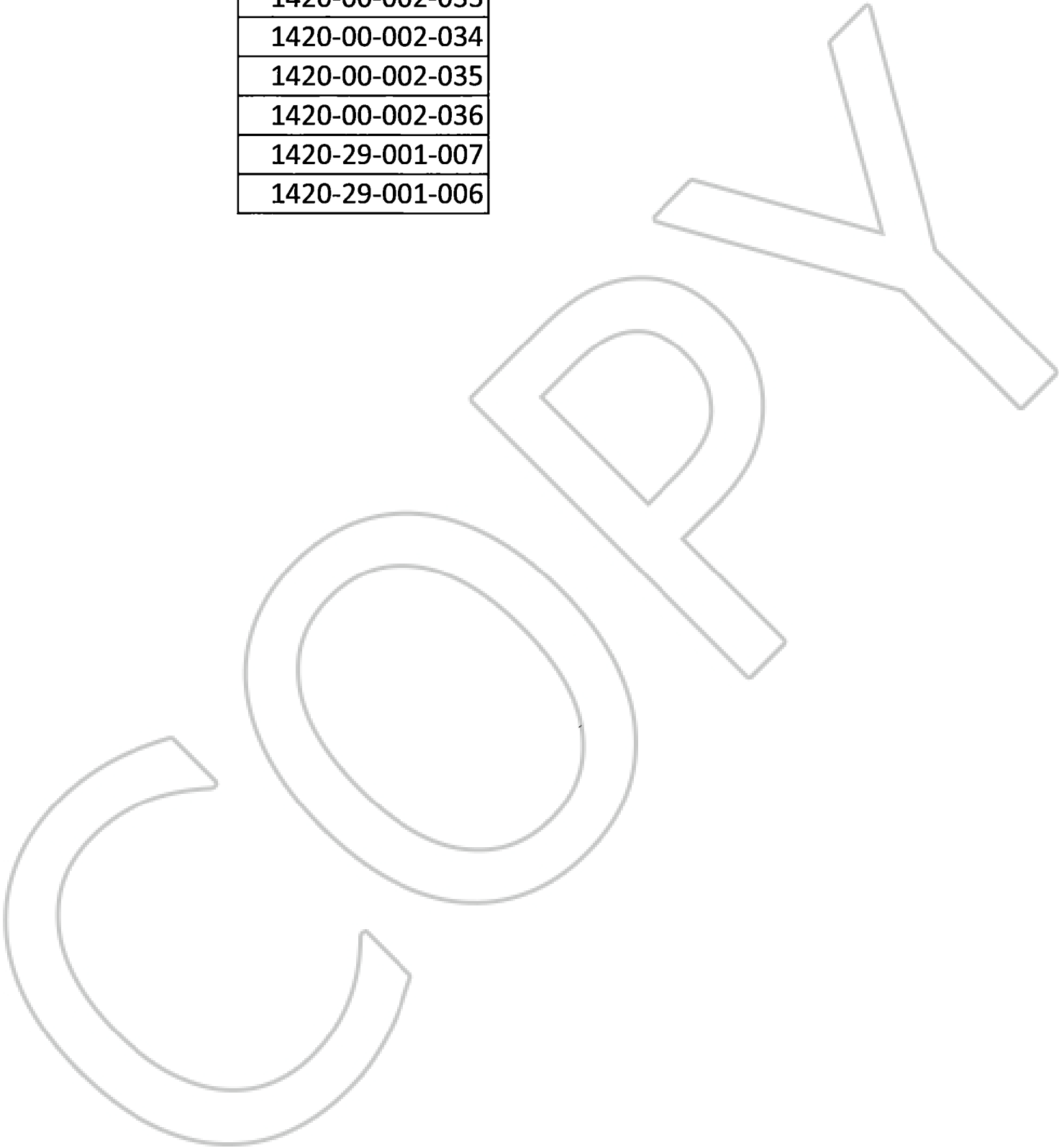
Signature

KIM O'HAIR FOR TRENT THOLEN, ASSESSOR

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

1420-00-002-033
1420-00-002-034
1420-00-002-035
1420-00-002-036
1420-29-001-007
1420-29-001-006



APN (Assessor's Parcel Number(s)):

1470-00-002-033 1420 00-002-234, 1470-00-002-035
1420-00-002-036, 1420-29-001-007, 1420-29-001-008

Return this application to:
County Assessor's Office:

RECEIVED

JUN 09 2023

ASSESSOR'S OFFICE
DOUGLAS COUNTY

Agricultural Use Assessment Application
NRS 361A.110

*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 TO THIS APPLICATION

Owner(s) of Record: Heybourne Ranch, LLC FORNESSE Heybourne Meadows, LLC
Mailing Address: POB 607 Minden NV 89423
City/State/Zip: MINDEN, NV 89423

1. What is the total acreage of the parcel(s)? 223.78
2. What is the total acreage of the land devoted to agricultural use? 223.78
3. Has the land been devoted exclusively to agricultural use for at least 3 consecutive years immediately preceding this application? Yes No Unknown / New Owner
4. Was this property previously assessed as agricultural? Yes No If yes, when was it originally assessed as agricultural? 15+ years
5. Was the gross income from agricultural pursuits of the land during the preceding calendar year \$5,000 or more? Yes No Unknown / New Owner

6. Provide documentation of the minimum gross income of \$5,000 from agricultural pursuits. This may include, without limitation:

- Leases
- Receipts
- Rent paid
- Account balance sheets
- Profit, and loss statements
- Audited financial statements
- Federal income tax returns (Schedule F or Schedule C).
- Additional documentation may be requested by the county assessor or the Department.

7. Is this property operated by the owner as part of an existing agricultural operation where other parcels are designated as agricultural?

Yes No

8. Is this parcel currently leased to another person for agricultural purposes? Yes No

If yes, please provide a copy of the lease agreement.

- Are at least 7 acres of the parcel devoted to agricultural purposes? Yes No
- Is this parcel contiguous to other agricultural real property owned by the lessee?
Yes No

9. Describe all the uses of the land for which you are requesting an agricultural designation, such as agricultural, residential, commercial, or industrial use. For example, if you farm and live on this parcel, the use would be both agricultural and residential. In addition, please describe the agricultural operation such as raising crops, livestock, poultry, fur-bearing animals, bees, aquatic agriculture, hydroponic gardens.

This is strictly used as a cattle lease currently and
some of our own livestock as well.

10. Are there any water rights or a water source associated with the parcel(s)? Yes No

If yes, please explain:

Effluent Agreement with Douglas County, Infiltration
Well (120 Acre Ft) (UP to 750 Acre Ft)

11. If there is any information you wish to provide, that might be pertinent to assist in processing this application, you may include it here.

No.

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.

[Handwritten Signature]
Signature of Applicant or Agent

MANAGER
Capacity (Owner, Representative, or Lessee)

MATT CARTER
Type or Print Name

Authority (i.e. Power of Attorney) Date

1571 Puffer Ln Gardnersville, NC
Address/City/State/Zip

775 640 2152
Phone Number

mattandjennacarter@gmail.com
Email Address

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 Email Address

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 Email Address

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 Email Address

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 Email Address

Attach Additional Signature Pages to Application as Necessary

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>6/9/2023</u> Date	<u>TT</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>6/12/2023</u> Date	<u>TT</u> Initial
<input checked="" type="checkbox"/> Income Records Inspected	<u>6/12/2023</u> Date	<u>TT</u> Initial
<input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	<u>6/12/2023</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 of Approval or Denial and Other Pertinent Comments: <u>Meets NRS requirements</u>		
_____ _____ _____		
<u>[Signature]</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>6/12/23</u> Date

OFFICE OF THE _____ COUNTY ASSESSOR
 _____, ASSESSOR

County Seal
 Here

Address: _____
 _____, NV _____
 Phone: _____ Fax: _____
 website _____
 Email: _____

DECLARATION OF RURAL LAND CLASSIFICATION

(NRS 361A.120)

This form can be submitted by mail, email or online

PARCEL NUMBER:	ACREAGE
	DEEDED WATER
NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL:	

If any of the information above is incorrect, please contact the Assessor's office.

CULTIVATED CROPS PRODUCED	Acres	Crop Grown	Tons/Acre
Owner's Estimate:			
Use separate sheet if needed			

GRAZING/PASTURE	Acres	ALU
Owner's Estimate:	223.78	66

LIVESTOCK BRAND(S):	
Please List:	JS

WILD HAY PRODUCED	Acres	Tons/Acre
Owner's Estimate:		

DO YOU HAVE A TCID FARM UNIT?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

IF YES, I.D.#

LIST ALL PARCELS IN FARM UNIT (Use a separate sheet if needed)

COMMENTS: (use a separate sheet if needed)

NAME OF PERSON COMPLETING FORM: <u>Matt Carter</u>			TITLE: <u>MANAGER</u>	
MAILING ADDRESS OF CONTACT PERSON (STREET ADDRESS OR P.O. BOX): <u>POB 607 MINDEN NV 89423</u>			EMAIL ADDRESS: <u>mattandjinnacarter@gmail.com</u>	
CITY: <u>MINDEN</u>	STATE: <u>NV</u>	ZIP CODE: <u>89423</u>	DAYTIME PHONE: <u>775 690 2152</u>	ALTERNATE PHONE:

PLEASE ATTACH INCOME VERIFICATION, i.e.: SCHEDULE F, SCHEDULE C, LEASE AGREEMENT, OR OTHER PROOF OF INCOME

I declare, under penalty of perjury of the State of Nevada, that the foregoing and all information herein, including any attached statements and/or documentation, is true, correct, and complete to the best of my knowledge and belief.

Matt Carter
 Claimant Signature

MATT CARTER
 Print Name

6-7-23
 Date

SEE REVERSE FOR MORE INFORMATION