

APN# 1319-34-002-028

Recording Requested by/Mail to:

Name: Trent Tholen Assessor

Address: 1616 8th St.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: N/A

Address: _____

City/State/Zip: _____



00169828202309980550060068

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

Printed Name

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

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

1319-34-002-028

Return this application to:
County Assessor's Office:

RECEIVED

JUN 28 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: Christina Love AKA Christina Cranmer (and) Dawn Love AKA Dawn Perchetti
Mailing Address: 280 Hansen Ln.
City/State/Zip: Gardnerville NV 89460

1. What is the total acreage of the parcel(s)? 20
2. What is the total acreage of the land devoted to agricultural use? 19
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 Unknown
If yes, when was it originally assessed as agricultural? _____
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 Unknown

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

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

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

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.

The home is on 1 acre, + there is 19 acres dedicated to hay production.

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

If yes, please explain:

Motts Canyon Water Decree

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.

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.

Christy Love-Cranmer
Signature of Applicant or Agent
OWNER
Capacity (Owner, Representative, or Lessee)
Christy Love-Cranmer
Type or Print Name
Authority (i.e. Power of Attorney) _____ Date _____
280 Hansen Ln. Gardnerville NV
Address/City/State/Zip 89460 775-742-7295 Phone Number scrapslove82@gmail.com Email Address

Dawn Love-Perchetti
Signature of Applicant or Agent
OWNER
Capacity (Owner, Representative, or Lessee)
DAWN Love-Perchetti
Type or Print Name
Authority (i.e. Power of Attorney) _____ Date _____
280 Hansen Ln. Gardnerville, NV
Address/City/State/Zip 89460 775-313-5577 Phone Number dmlove1224@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]
Signature of Applicant or Agent

ASSAULT
Capacity (Owner, Representative, or Lessee)

[Signature]
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>6/28/2023</u> Date	<u>TT</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>6/28/2023</u> Date	<u>TT</u> Initial
<input checked="" type="checkbox"/> Income Records Inspected	<u>6/28/2023</u> Date	<u>TT</u> Initial
<input checked="" type="checkbox"/> Written Notice of <u>Approval</u> or Denial Sent to Applicant	<u>6/28/2023</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>[Signature]</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>6/28/2023</u> Date

OFFICE OF THE DOUGLAS COUNTY ASSESSOR

Trent A. Tholen, ASSESSOR
 Address: 1616 8th Street (POB 218)
 Minden, NV 89423
 Phone: 775-782-9830 Fax: 775-782-9884
 Website: douglascountynv.gov
 Email: assessor@@douglasnv.us

DECLARATION OF RURAL LAND CLASSIFICATION

(NRS 361A.120)

This form can be submitted by mail, email, or fax

PARCEL NUMBER:	1319-34-002-028	ACREAGE:	20
		DEEDED WATER:	Mottsville CANYON
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:	19	Hay	
Use separate sheet if needed			

GRAZING/PASTURE	Acres	AUM
Owner's Estimate:		

LIVESTOCK BRAND(S):	
Please List:	

WILD HAY PRODUCED	Acres	Tons/Acre
Owner's Estimate:	19	

DO YOU HAVE A TCID FARM UNIT?

Yes 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: Christina Love-Cramer			TITLE: OWNER	
MAILING ADDRESS OF CONTACT PERSON (STREET ADDRESS OR P.O. BOX): 280 Hansen Ln.			EMAIL ADDRESS: scrapslove82@gmail.com	
CITY: Gardnerville	STATE: NV	ZIP CODE: 89460	DAYTIME PHONE: 775-742-7295	ALTERNATE PHONE: NONE

*****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.

Christina Love-Cramer
 Claimant Signature

Christy Love-Cramer
 Print Name

6/1/23
 Date

SEE REVERSE FOR MORE INFORMATION