



00182313202410087750060061

SHAWNYNE GARREN, RECORDER

Assessor's Parcel Number: 1023-17-002-007,  
1023-17-002-008, 1023-17-002-009, 1023-17-001-020

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(s)):**

1023-17-002-007, 1023-17-002-008,  
1023-17-002-009, 1023-17-001-020

RECEIVED

AUG 16 2023

ASSESSOR'S OFFICE  
DOUGLAS COUNTY

**Return this application to:**  
County Assessor's Office:

**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 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 TO THIS APPLICATION*

Owner(s) of Record: CCT Founders, LLC  
Mailing Address: 5000 N. Parkway Calabasa, Ste 204  
City/State/Zip: Calabasa, CA 91302

1. What is the total acreage of the parcel(s)? 275 177.85
2. What is the total acreage of the land devoted to agricultural use? 275 177.85
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.

Lease attached

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.

Harvesting native grasses for re-seeding, livestock grazing

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

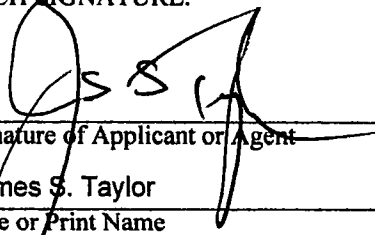
*If yes, please explain:*

CCT Founders owns 882 afa of primary water rights

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.**

  
\_\_\_\_\_  
Signature of Applicant or Agent

James S. Taylor  
\_\_\_\_\_  
Type or Print Name

305 Gray Mill Court, Carson City, NV 89705  
\_\_\_\_\_  
Address/City/State/Zip

Authorized Agent  
\_\_\_\_\_  
Capacity (Owner, Representative, or Lessee)

Authorized Agent  
\_\_\_\_\_  
Authority (i.e. Power of Attorney)

8-14-2023  
\_\_\_\_\_  
Date

805-705-0400  
\_\_\_\_\_  
Phone Number

jst@amcapgrp.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

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Phone Number

\_\_\_\_\_  
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Capacity (Owner, Representative, or Lessee)

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Type or Print Name

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\_\_\_\_\_  
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>8/16/2023</u> Date	<u>TT</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>5/15/2024</u> Date	<u>TT</u> Initial
<input checked="" type="checkbox"/> Income Records Inspected <i>- Lease with Park Ranch</i>	_____ Date	_____ Initial
<input checked="" type="checkbox"/> Written Notice of <u>Approval</u> or Denial Sent to Applicant	<u>5/15/2023</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><i>[Signature]</i></u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>5/15/2024</u> Date

**OFFICE OF THE DOUGLAS COUNTY ASSESSOR**

Trent A. Tholen, ASSESSOR

Address: 1616 8<sup>th</sup> 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: 1023-17-002-007, 1023-17-002-008,	ACREAGE: 275
	DEEDED WATER: 882afa
NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL:	CCT Founders, LLC

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	AUM
Owner's Estimate:	275	

LIVESTOCK BRAND(S):
Please List: Park Livestock

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

**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)**

These four parcel were added to the Agricultural Lease with Park Livestock in August of 2020 when they were purchased by CCT Founders, LLC

NAME OF PERSON COMPLETING FORM: James S Taylor		TITLE: Authorized Agent	
MAILING ADDRESS OF CONTACT PERSON (STREET ADDRESS OR P.O. BOX): 305 Gray Mill Court		EMAIL ADDRESS: jst@amcapgrp.com	
CITY: Carson City	STATE: NV	ZIP CODE: 89705	DAYTIME PHONE: 805-705-0400
		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:

James S Taylor  
Claimant Signature

James S Taylor  
Print Name

8-14-2023  
Date

SEE REVERSE FOR MORE INFORMATION