



00182669202410090870050053

SHAWNYNE GARREN, RECORDER

Assessor's Parcel Number: 1319-35-000-002

Recording Requested By:

Name: TRENT THOLEN, ASSESSOR

Address: 1616 8<sup>TH</sup> ST

City/State/Zip MINDEN, NV 89423

Real Property Transfer Tax: SN/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(s)):**

1319-35-000-002

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

**RECEIVED**

**DEC 04 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 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:** Cronin Family Trust

**Mailing Address:** PO Box 884

**City/State/Zip:** Rio Vista, CA, 94571

1. What is the total acreage of the parcel(s)? 904
2. What is the total acreage of the land devoted to agricultural use? 904
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? Unknown
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.

**Pasture ground for beef cattle**

---

---

---

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

*If yes, please explain:*

**This parcel has decreed water rights, as well as supplemental groundwater 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.

**This ranch will continue to be utilized for agricultural production.**

---

---

---

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	<b>Owner</b>		
<b>John D. Cronin</b>	Capacity (Owner, Representative, or Lessee)		
Type or Print Name	<b>Self</b>	<b>12/01/2023</b>	
<b>PO Box 884, Rio Vista, CA, 94571</b>	Authority (i.e. Power of Attorney)	Date	
Address/City/State/Zip	<b>(510) 409-2818</b>	<b>jack@croninranch.com</b>	
	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

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>12/14/2023</u>	<u>TT</u>
		Date	Initial
<input checked="" type="checkbox"/>	Property Inspected	<u>6/10/2024</u>	<u>TT</u>
		Date	Initial
<input type="checkbox"/>	Income Records Inspected - <u>needed</u>		
	<u>conditional</u>	Date	Initial
<input checked="" type="checkbox"/>	Written Notice of Approval or Denial Sent to Applicant	<u>6/10/2024</u>	<u>TT</u>
		Date	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:

conditional approval. will need proof of income next year.

[Signature]

Signature of Official Processing Application

Assessor

Title

6/10/2024

Date