

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

009-031-44 009-031-45
009-031-46 009-031-47



OFFICIAL RECORD
AMY ELMER, RECORDER

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 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: Josey and Marissa Spencer
Mailing Address: PO Box 274
City/State/Zip: Alamo, NV 89001

1. What is the total acreage of the parcel(s)? 15
2. What is the total acreage of the land devoted to agricultural use? 15
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
MH
4. Was this property previously assessed as agricultural? Yes No Unknown
MH
5. If yes, when was it originally assessed as agricultural? _____
6. Was the gross income from agricultural pursuits of the land during the preceding calendar year \$5,000 or more? Yes No Unknown / New Owner

7. 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.

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

9. Yes No Unknown

10. 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

11. 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.

Agriculture 15 Acres Pasture used for
raising of livestock

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

If yes, please explain:

15 shares of irrigation water thru Alamo Irrigation

13. 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] _____, Owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Josey Spencer
Type or Print Name Authority (i.e. Power of Attorney) 4-25-2022
Date

PO Box 274 Alamo, NV 89001
Address/City/State/Zip 775-962-2414
Phone Number Mariss.Spencer@gmail.com
Email Address

Marissa Spencer _____, owner
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Marissa Spencer
Type or Print Name Authority (i.e. Power of Attorney) 4-25-2022
Date

PO Box 274 Alamo, NV 89001
Address/City/State/Zip 435-669-1151
Phone Number Mariss.Spencer@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

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>5-2-2022</u>	<u>MA</u>
		Date	Initial
<input checked="" type="checkbox"/>	Property Inspected	<u>11-2021</u>	<u>MA</u>
		Date	Initial
<input type="checkbox"/>	Income Records Inspected	<u>5/20/22</u>	<u>CP</u>
		Date	Initial
<input type="checkbox"/>	Written Notice of Approval or Denial Sent to Applicant	<u>6/19/22</u>	<u>CP</u>
		Date	Initial
<input checked="" type="checkbox"/>	Application forwarded to Department of Taxation	<u>5-2-2022</u>	<u>MA</u>
		Date	Initial
<input type="checkbox"/>	Department of Taxation returned application	<u>6/19/22</u>	<u>CP</u>
		Date	Initial

Reasons of Approval or Denial and Other Pertinent Comments:

[Signature] _____ Assessor 6/19/22
Signature of Official Processing Application Title Date