Total:\$0.00

06/22/2022 08:48 AM

RANKIN RANCH & LIVESTOCK

Pgs=4 KC

APN (Assessor's Parcel Number(s)):				oer(s)):
	008-	-031	-15	
			-	

00009382202201625930040042

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: Rankin Kancis & Lives fock LLC.		
	Mailing Address: PN Box 458		
	City/State/Zip: Alamo NV 89001		
1.	What is the total acreage of the parcel(s)?//.5_		
2.	What is the total acreage of the land devoted to agricultural use?		
parameter .			
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		
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		
Marine			

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 Draft and loss statements
	 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.
	assessor of 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 \(\text{No } \nother \text{Unknown} \) 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.
	Livestock PASTURE
-	
-	
12.	Are there any water rights or a water source associated with the parcel(s)? Yes No Unknown U
	If yes, please explain:
	10 Shaves a alamo Irrigation water alamo Sewel & Water meter for Livestock water Ruepose
	alamo Sewel & Water meter for livestock water
	Puepose
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 same	Parcel has been used as livestock appring pasaire
1	tol the last 30+ years that we are aware of and
The Real Property lies, the Person of the Pe	FOR the LAST 30+ years that We are AWARI Of and WAS prechased for Livestock grazing use. PASTURE WAS PURCHASED TO USE AS Supplement
	MASTURE WAS PURCHASED to USE AS Supplement
NTC Appro	to BLM Grazing Leases. ved 11/2002; 12/2009 Grazing Leases
Revision A	pproved 1240NTC 12/06/2021 Revised by: SDS

Revised by: SDS

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.

Ω		7
Signature of Applicant or Agent	DWNells Capacity (Owner, Representativ	
	Capacity (Owner, Representativ	
Michelle Kanken	/_/ \ \	4.18.22
Type or Print Name	Authority (i.e. Power of Attorne	y) Date
HICHELLE Ranken Type or Print Name PD BOX 458 Alamo NV Address/City/State/Zip R900	702 524-8808 Phone Number	Cankin rancy @ live. Cos mail Address
Ma Reli	owner	
Signature of Applicant or Agent	Capacity (Owner, Representative	ve, or Lessee)
RICHARD Rankin		4.18.22 Date
Type or Print Name	Authority (i.e. Power of Attorney)	Date
PU BOY 458 ALAMO NU Address/City/State/Zip \$4001	102 496 1597 / Phone Number Em	ankingance & live, Cop
Signature of Applicant or Agent	Capacity (Owner, Representative	ve, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip	Phone Number Em	nail Address

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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 Attach Additional Sign	Phone Number Email Address nature Pages to Application as Necessary
FOR USE BY THE COUNTY ASSESSOR Application Received Property Inspected Income Records Inspected Written Notice of Approval or Denial Sen Application forwarded to Department of Tourish Department of Taxation returned application Reasons of Approval or Denial and Other	Date Initial Date Initial
Signature of Official Processing Application	non Title Date