

COUNTY ASSESSOR'S NOTICE OF REMOVAL OF

☒ CLASSIFIED FOREST LAND
☐ DESIGNATED FOREST LAND

AND STATEMENT OF COMPENSATING TAX

116663 (RCW 84.63.120, 130, 140)

Charles & Vicky Seward &

Dusty Moss

PO Box 1514

White Salmon wa 98672

Auditor's Recording Number
RECORD AFTER APPEAL PERIOD
BY *Sta Co Assessor*

JUL 6 11 48 AM '93

P. Slavy
AUDITOR
GARY H. OLSON

BOOK 136 PAGE 473

12 Assessment Year for 19 Tax Collection

You are hereby notified that the following property: 13.19 acres in parcel number

03 10 03 0 0 0202 00 covered in timber land lien recorded at Book F

Page 8

has been removed from forest ☒ classification ☐ designation as of 6 / 4 / 93 because the land no longer meets the definition and/or provisions of forest land as follows:

PROPERTY OWNER'S REQUEST FOR REMOVAL DUE TO SALE OF PROPERTY.

SKAMANIA COUNTY
TREASURER'S OFFICE
PAID

This removal shall be effective for the assessment year beginning January 1, 19 94 JUL 06 1993

You are hereby notified that a compensating tax has been assessed based upon the following: Sandra Willing
Treasurer

Treasurer									
True & Fair Value of Land at Time of Removal	LESS	Classified or Designated Value at Time of Removal	MULTI-PLIED BY	Last Levy Rate Extended Against Land	MULTI-PLIED BY	Years*	EQUALS	Compensating Tax	
\$ 19,785	-	\$ 1,402	X	\$ 11.90060	X	10	=	\$ 2,187.70	
RECORDING FEE								+	\$ 7.00
TOTAL TAX DUE								=	\$ 2,194.70

* Number of years in classification or designation, not to exceed 10.

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The compensating tax is due and payable to the County Treasurer 30 days from the date of this notice. The tax shall become a lien on the land and shall be subject to foreclosure in the same manner as provided in RCW 84.64.050.

You may apply for classification as either Open Space farm/agricultural land or Open Space Timber Land under RCW 84.34. If the application is received within 30 days of this notice, no compensating tax would be due until the application is denied, or, if approved, the property is later removed from Open Space under RCW 84.34.108.

DATE OF NOTICE: 6-4-93

DATE PAYMENT DUE: 7-4-93

COUNTY ASSESSOR: *[Signature]*

FORM REV 62 0047 (3-89)

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