

COUNTY ASSESSOR'S NOTICE OF REMOVAL OF

CLASSIFIED FOREST LAND
 DESIGNATED FOREST LAND

AND STATEMENT OF COMPENSATING TAX

116663 (RCW 84.53.120, 130, 140)

Charles & Vicky Seward &
 Dusty Moss
 PO Box 1554
 White Salmon wa 98672

Auditor's Recording Number
 RECORD AFTER APPEAL PERIOD
 BY *Sta Co Assessor*
 JUL 6 11 48 AM '93
P. Steury
 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
 JUL 06 1993
 Sandra Willing
 Treasurer

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

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

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.

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]*

Registered _____
 Indexed, Dir _____
 Indirect _____
 Filmed _____
 Mailed _____