

COUNTY ASSESSOR'S NOTICE OF REMOVAL OF

☒ CLASSIFIED FOREST LAND
☐ DESIGNATED FOREST LAND

AND STATEMENT OF COMPENSATING TAX (RCW 84.33.120, 130, 140)

Gary & Judith Hegewald

PO Box 1039

Stevenson, WA 98648

118340

Auditor's Recording Number
RECORD AFTER APPEAL PERIOD
FILED FOR RECORD
SKAMANIA CO. WASH
BY *Ska Co Assessor*

Dec 27 4 29 PM '93

P. Olsson
AUDITOR
GARY M. OLSON

BOOK 140 PAGE 514

19 Assessment Year for 19 Tax Collection

You are hereby notified that the following property: 2.00 acres in parcel number
03 08 08 0 0 0217 00 covered by Timber Land Lien recorded in Book E at
Page 978.

has been removed from forest ☒ classification ☐ designation as of 12 / 27 / 93 because the land no longer meets the definition and/or provisions of forest land as follows:

RCW 84.33.120(5)(a) Receipt of Notice from owner to remove such land from
classification as forest land.

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	MULTIPLIED BY	Last Levy Rate Extended Against Land	MULTIPLIED BY	Years*	EQUALS	Compensating Tax	
\$ 20,000	-	\$ 112	X	\$ 9.09032	X	10	=	\$ 1,807.90	
RECORDING FEE								+	\$ 7.00
TOTAL TAX DUE								=	\$ 1,814.90

* 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: 12-27-93

DATE PAYMENT DUE: 1-26-94

COUNTY ASSESSOR: *[Signature]*