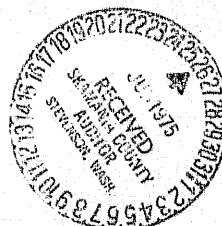


70786

SKAMANIA COUNTY ASSESSOR
ASSESSOR'S CLASSIFICATION OF FOREST LAND

KOOK & PAGE 968

Sec. 5, RCW Chapter 187, Laws of 1974 1st Ex. Sess.



OWNER: David Minthorn et al
ADDRESS: 1408 16th Ave.
Med/Dental Bldg
Longview, Wash. 98632

Description of Land to be Classified: 59.51 acres in Sec. 25, Twp 3 N., Rg 7 E. WNW
described in Box 63 Page 618 of Deeds

Assessor's Parcel No. 3-1-15-700

Beginning in 1975, the county assessor is directed by RCW Chapter 187 to assess and value as CLASSIFIED FOREST LAND all lands of 20 or more acres which are primarily devoted to, and used for, the growing and harvesting of timber.

This land has been classified as forest land as of January 1, 1975 and will continue to be assessed as CLASSIFIED FOREST LAND until removal of such classification for one of the following reasons:

- Notice from owner to remove classification;
- Sale to an owner making land exempt from taxation;
- Determination by assessor that land is no longer primarily devoted to, and used for, growing and harvesting timber;
- Determination that a higher and better use exists for the land than growing and harvesting timber.

Upon removal of this land as CLASSIFIED FOREST LAND, a compensating tax shall be imposed upon the land based upon the following formula:

True and Fair Value of Land at Time of Removal	LESS	Classified Forest Land Value at Time of Removal	MULTIPLIED BY	Last Levy Rate Extended Against Land	MULTIPLIED BY	Number of Years in Classification (Not more than 10)	EQUALS	Compensating Tax
--	------	---	---------------	--------------------------------------	---------------	--	--------	------------------

The compensating tax shall not be imposed if the removal resulted solely from:

- Transfer to government entity in exchange for other forest land;
- A taking or transfer to entity having power of eminent domain;
- Sale of land within two years after death of owner owning at least fifty percent (50%) interest in the land.

IF YOU DO NOT WANT THIS LAND CLASSIFIED AS FOREST LAND, PLEASE NOTE:

If it is not your desire to have such land assessed and valued as classified forest land, you must give the assessor's office written notice thereof, on or before March 31, 1975. (See written notice below.)

If you have any questions regarding the classification of this land as forest land, please contact the county assessor's office.

Phone: 509-427-5633 Ext. 44

ANNETTE HUTCHESON

Assessor

STEVENSON, Washington 98632

NOTICE TO ASSESSOR

As owner(s) of the land described in this letter, I hereby indicate by signature that I do not desire to have this land classified as forest land by the assessor.

Date _____, 1975

Owner(s) or Contract Purchaser(s):

THIS NOTICE MUST BE RETURNED TO THE ASSESSOR ON OR BEFORE MARCH 31, 1975.

FORM REV 62 0019 (10/74)

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

SENT TO H.H. McIntosh et al
STREET AND NO. 1408 16th Ave
Medical Dental Bldg
P.O., STATE AND ZIP CODE Longview, Wa 98632

OPTIONAL SERVICES FOR ADDITIONAL FEES
1. Shows to whom and date delivered 15¢
2. Shows to whom, date and where delivered 5¢
3. Shows to whom, date and where delivered 5¢
DELIVER TO ADDRESSEE ONLY 5¢
SPECIAL DELIVERY (extra fee required) 5¢

PS Form 3800 NO INSURANCE COVERAGE PROVIDED—
Apr. 1971 NOT FOR INTERNATIONAL MAIL (See other side)
GPO : 1974 O - 551-454

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

SENT TO David Minthorn et al
STREET AND NO. 1408 16th Ave
Medical Dental Bldg
P.O., STATE AND ZIP CODE Longview, Wa 98632

OPTIONAL SERVICES FOR ADDITIONAL FEES
1. Shows to whom and date delivered 15¢
2. Shows to whom, date and where delivered 5¢
3. Shows to whom, date and where delivered 5¢
DELIVER TO ADDRESSEE ONLY 5¢
SPECIAL DELIVERY (extra fee required) 5¢

PS Form 3800 NO INSURANCE COVERAGE PROVIDED—
Apr. 1971 NOT FOR INTERNATIONAL MAIL (See other side)
GPO : 1974 O - 551-454

SENDER: Be sure to follow instructions on other side.

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S)
(Additional charges required for these services)

☐ Show address where delivered ☒ Deliver ONLY to addressee

RECEIPT
Received the numbered article described below

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED MAR 15 1975

SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)

MAR 15 1975