COUNTY ASSESSOR'S NOTICE OF REMOVAL OF

[x] CLASSIFIED FOREST LAND
[ ] DESIGNATED FOREST LAND
AND STATEMENT OF COMPENSATING TAX
(RCW 84.33.120, 130, 140)

Darrell F & Marie Johnson
P. O. Box 311
Washougal, WA   98671

120584

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Auditor's Recording Number
RECORD AFTER APPEAL
SKAMANIA CO. WASH
BY Assessor

Sep 19 4 53 PM '94
AUDITOR
GARY M. OLSON

19____ Assessment Year for 19 ____ Tax Collection

BOOK 145 PAGE 94
SKAMANIA COUNTY
TREASURER'S OFFICE
PAID
SEP 1 9 1994
Saundra Wning
Treasurer

You are hereby notified that the following property: ____ 2.89 Acres in Parcel Number

02 05 30 0 0 1100 00 covered by Lien Recorded at Book E Page 777 (pa. 7)

has been removed from forest [x] classification [] designation as of __8/29/94__ 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_95_.

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
10,115	-	343	x	12.60674	x	10	-	1231.90
					RECORDING FEE		+	7.00
*Number of years in classification or designation, not to exceed 10.					TOTAL TAX DUE		=	1238.90

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: __8/29/94__   DATE PAYMENT DUE: __9/28/94__   COUNTY ASSESSOR: _____

FORM REV 62 0047 (3-89)

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