

121629

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COUNTY ASSESSOR'S NOTICE OF REMOVAL OF

☒ CLASSIFIED FOREST LAND☐ DESIGNATED FOREST LANDAND STATEMENT OF COMPENSATING TAX
(RCW 84.33.120, 130, 140)

JOHN K & VIVIAN L FISHER, TRUSTEES

507 ALDER STREET

KELSO, WA 98626

Auditor's Recording Number
RECORD AFTER APPEALFILED FOR RECORD
SKAMANIA CO. WASH
By Skamania Co. Assessor

Feb 13 3 12 PM '95

AUDITOR

19 Assessment Year for Tax Collection

You are hereby notified that the following property: (part) 1 Additoinal acre around the home site in
parcel number 04 09 22 1 0 0400 00 not approved in transfer to Current Use Timber Land

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has been removed from forest ☒ classification ☐ designation as of 1 / 19 / 95 because the land no longer meets the definition and/or provisions of forest land as follows:1 acre excluded in the approval of the transfer to cuurrent/open space timber land.This removal shall be effective for the assessment year beginning January 1, 1995.

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
\$ 2500	-	\$ 120	x	\$ 8.44747	x	10	=	\$ 201.10
						RECORDING FEE	+	\$ 7.00
						TOTAL TAX DUE	=	\$ 208.10

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

SKAMANIA COUNTY
TREASURER'S OFFICE

PAID

FEB 13 1995

Saundra Willing
Treasurer

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: 1/19/1995DATE PAYMENT DUE: 2/18/1995

COUNTY ASSESSOR:

FORM REV 62 0047 (3-89)

Registered

Indiced

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: John & Vivian Fisher Trustees 507 Alder Street Kelso Wa 98626		4a. Article Number Z 107 584 181	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise		7. Date of Delivery 1-23	
5. Signature (Addressee) <i>John K. Fisher</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>[Signature]</i>		Thank you for using Return Receipt Service.	