

When Recorded Return To:

Skamania County Assessor  
P O Box 790  
Stevenson, WA 98648

Doc # 2007166401  
Page 1 of 4  
Date: 06/06/2007 03:56P  
Filed by: SKAMANIA COUNTY ASSESSOR  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$35.00

## SKAMANIA COUNTY

### Notice of Removal Of Current Use Classification Under Chapter 84.34 (3) RCW No Tax Due Per Chapter 84.34.108 (6)(d) RCW

Grantor(s): SKAMANIA COUNTY  
Grantee (s): ZUENDEL, NORBERT & UTA  
Legal Description: TOWNSHIP 2N, RANGE 5E, SECTION 30 EWM FOR COMPLETE LEGAL  
SEE BOOK 135/PAGE 857 11.00 ACRES  
Assessor's Property Tax Parcel or Account Number: 02053000150300  
Reference Numbers of Documents Assigned or Released: Book G / Page 310  
Owner & Date of Original Lien: NORBERT & UTA ZUENDELL

You are hereby notified that the current use classification for the above described property, which has been, classified as Timber Land under RCW 84.34 (3).

#### Is being removed for the following reason:

Request by property owner for withdrawal of current use classification *immediately* under Chapter 84.34.(3) RCW from the **Timber Land Program**. This request for immediate removal is due to the approval of ORDINANCE NO. 2006-14 on November 16, 2006 by the Skamania County Commissioners. This Ordinance under Section 3.45.14 offers a one-time opportunity to be removed from the program without owing additional TAX, INTEREST AND PENALTY ALLOWED BY RCW 84.34.108 (6)(d). ***This Offer Expires June 29<sup>th</sup>, 2007.*** The date of removal for this will be January 1, 2007 and the 2007 Tax will be based on the market value.

#### **Penalty and Appeal**

##### Appeal process if, removal is not requested by property owner:

The property owner may appeal the Assessor's removal of classification to the County Board of Equalization. Said Board may be reconvened to consider the appeal. The appeal must be filed within thirty, (30) calendar days following the date this notice is mailed.

Upon removal of classification from this property, an additional tax shall be imposed equal to the sum of the following:

1. The difference between the property tax that was levied upon the current use value and the tax that would have been levied upon the fair market value for the seven tax years preceding removal in addition to the portion of the tax year when the removal takes place; plus
2. Interest at the statutory rate charged on delinquent property taxes specified in RCW 84.56.020 from April 30 of the year the tax would have been paid without penalty to the date of removal; plus
3. A penalty of 20% added to the total amount computed in 1 and 2 above, *except* when the property owner complies with the withdrawal procedure specified in RCW 84.34.070, or where the additional tax is not applied as provided in 4 (below).
4. The additional tax specified in 1 and 2 (above) *shall not* be imposed if removal of classification resulted solely from:
  - a) Transfer to a government entity in exchange for other land located within the State of Washington;
  - b) A taking through the exercise of the power of eminent domain, or sale or transfer to an entity having the power of eminent domain in anticipation of the exercise of such power;
  - c) A natural disaster such as a flood, windstorm, earthquake, or other such calamity rather than by virtue of the act of the landowner changing the use of such property;
  - d) Official action by an agency of the State of Washington or by the County or City where the land is located disallowing the present use of such land;
  - e) Transfer of land to a church when such land would qualify for exemption pursuant to RCW 84.36.020;
  - f) Acquisition of property interests by State agencies or organizations qualified under RCW 84.34.210 and 64.04.130 (see RCW 84.34.108 (6)(f));
  - g) Removal of land classified as farm and agricultural land under RCW 84.34.020 (2)(e) (farm home site value);
  - h) Removal of land from classification after enactment of a statutory exemption that qualifies the land for exemption and receipt of notice from the owner to remove the land from classification;
  - i) The creation, sale, or transfer of forestry riparian easements under RCW 76.13.120;
  - j) The creation, sale or transfer of a fee interest or a conservation easement for the riparian open space program under RCW 76.09.040;
  - k) The sale or transfer of land within two years after the death of the owner of at least a fifty percent interest in the land if the land has been assessed and valued as classified forest-land, designated as forest land under Chapter 84.33 RCW, or this Chapter 84.34 RCW continuously since 1993. The date of death shown on a death certificate is the date used.

  
County Assessor or Deputy

06/06/2007  
Date

When Recorded Return to:

Skamania County Assessor  
P O Box 790  
Stevenson, WA 98648  
509-427-3720

**NOTICE OF REQUEST TO WITHDRAW IMMEDIATELY  
CURRENT USE CLASSIFICATION UNDER CHAPTER 84.34(3)**

**SKAMANIA COUNTY**

Grantor(s) ZUENDEL, NORBERT & UTA  
Grantee(s) SKAMANIA COUNTY  
Legal Description: TOWNSHIP 2, RANGE 5, SECTION 30 EWM. FOR COMPLETE LEGAL SEE  
BOOK/135 PAGE/857 11.00 ACRES

Assessor's Property Tax Parcel or Account Number: 02-05-30-0-0-1503-00  
Reference Numbers of documents Assigned or Released Book G Page 310  
Owners Name / Date ORIGINAL LIEN NORBERT & UTA ZUENDEL

To SKAMANIA County Assessor. I, NORBERT & UTA ZUENDEL, hereby request withdrawal of current use classification immediately under Chapter 84.34(3) RCW from the **TIMBER LAND PROGRAM**. This request for immediate removal is due to the approval of ORDINANCE NO. 2006-14 on November 16, 2006 by The Skamania County Commissioners. This Ordinance under Section 3.45.14 offers a one-time opportunity to be removed from the program without owning additional TAX, INTEREST AND PENALTY ALLOWED BY RCW 84.34.108(6) (d). THIS OFFER EXPIRES JUNE 29, 2007. The date of removal for this will be January 1, 2007 and the 2007 TAX will be based on the market value.

Property Owner Alta F. Zuendel Date 06-05-07  
Property Owner Norbert Zuendel's Death Certificate Date 06-05-07  
Property Owner \_\_\_\_\_ Date \_\_\_\_\_  
Address 838 NW24th Ave  
City, State, Zip Code Canas, WA. 98607

# STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

## DIVISION OF HEALTH

### CERTIFICATE OF DEATH

DECEASED		1. NAME—FIRST, MIDDLE, LAST <b>NORBERT ZUENDEL</b>		2. SEX <b>M</b>	3. DEATH DATE (Mo., Day, Yr.) <b>July 10, 1988</b>	146-8		STATE FILE NUMBER	
PARENTS		4. AGE—LAST BIRTHDAY (Yrs.) <b>45</b>		5. UNDER 1 YEAR MOS. DAYS HOURS MINS.		7. BIRTHDATE (Mo., Day, Yr.) <b>Sept. 22, 1942</b>		8. COUNTY OF DEATH <b>Clark</b>	
DISPOSITION		9. CITY, TOWN OR LOCATION OF DEATH <b>Camas</b>		10. PLACE OF DEATH — DO BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTL 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR. HOME 6. <input type="checkbox"/> OTHER PLACE <b>838 N. W. 24th Ave.</b>		11. BIRTH STATE (If not in USA give country) <b>W. Germany</b>			
CERTIFIER		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>		13. SPOUSE (If Wife give Maiden Surname) <b>Uta Berger</b>		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>No</b>		15. SOCIAL SECURITY NO. <b>566-84-9522</b>	
CAUSE OF DEATH		17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired.) <b>Mechanical Engineer</b>		18. KIND OF BUSINESS OR INDUSTRY <b>Paper Mill</b>		19. RACE (White, Black, Am. Ind., etc. Specify) <b>White</b>		20. Was Decedent of Hispanic Origin? (specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No (specify)	
FOR STATE REGISTRAR USE ONLY		21. SMOKING IN LAST 15 YEARS (Yes/No) <b>No</b>		22. RESIDENCE—NUMBER AND STREET <b>838 N. W. 24th Ave.</b>		23. CITY/TOWN, OR LOCATION <b>Camas</b>		24. INSIDE CITY LIMITS? (Yes/No) <b>Yes</b>	
FOR STATE REGISTRAR USE ONLY		25. COUNTY <b>Clark</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98607</b>			
FOR STATE REGISTRAR USE ONLY		28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Otto Zuendel</b>		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Anna Weiterauer</b>					
FOR STATE REGISTRAR USE ONLY		30. INFORMANT—NAME <b>Uta Zuendel - Wife</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>838 N. W. 24th Ave., Camas, Washington 98607</b>					
FOR STATE REGISTRAR USE ONLY		32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		33. DATE (Mo., Day, Yr.)		34. CEMETERY/CREMATORY—NAME <b>Evergreen Memorial Gardens</b>		35. LOCATION—CITY/TOWN, STATE <b>Vancouver, Washington</b>	
FOR STATE REGISTRAR USE ONLY		36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY <b>Straub's Funeral Home</b>		38. ADDRESS OF FACILITY <b>325 N. E. 3rd Ave. Camas, WA 98607</b>			
FOR STATE REGISTRAR USE ONLY		39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> <b>X</b>		40. DATE SIGNED (Mo., Day, Yr.) <b>7/13/88</b>		41. HOUR OF DEATH (24 Hrs.) <b>2:00 P.M.</b>		42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
FOR STATE REGISTRAR USE ONLY		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X</b>		44. DATE SIGNED (Mo., Day, Yr.)		45. HOUR OF DEATH (24 Hrs.)		46. HOUR PRONOUNCED DEAD (24 Hrs.)	
FOR STATE REGISTRAR USE ONLY		47. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Keith S. Lanier, M.D. - 2311 N. W. Northrup St., Portland, Oregon 97210</b>		48. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>(A) Metastatic islet cell carcinoma, pancreas</b>		49. INTERVAL BETWEEN ONSET AND DEATH <b>3 YEARS</b>			
FOR STATE REGISTRAR USE ONLY		50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE <b>(B) DUE TO, OR AS A CONSEQUENCE OF:</b>		51. AUTOPSY? (Yes, No) <b>No</b>		52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)			
FOR STATE REGISTRAR USE ONLY		53. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		54. INJURY DATE (Mo., Day, Yr.)		55. HOUR OF INJURY (24 Hrs.)		56. DESCRIBE HOW INJURY OCCURRED	
FOR STATE REGISTRAR USE ONLY		57. INJURY AT WORK? (Yes/No)		58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)		59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
FOR STATE REGISTRAR USE ONLY		60. REGISTRAR SIGNATURE <b>X</b>		61. DATE RECEIVED (Mo., Day, Yr.) <b>JUL 15 1988</b>					
FOR STATE REGISTRAR USE ONLY		62. ITEM DOCUMENTARY EVIDENCE—REVIEWED BY: DATE:		63. ITEM DOCUMENTARY EVIDENCE—REVIEWED BY: DATE:					

DSHS 9-150 (Rev. 1-88) -1187-

JUL 15 1988

SEAL

*Karen Steingart, M.D.*

KAREN STEINGART, M.D.  
DISTRICT HEALTH OFFICER

DSHS 9-641A (11/85)

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