2024	Acct: #1	036287 T	ax Code: 1001	Rate: 5.8482	Real E	state Tax Sta			TAX AMOUNT	
07-4.0-02 Description NE 1/4		0-001.09000		Valuation Residential Agricultural Commercial Lending Code: SE	12,960 4,660 0	Delinquent Amo Paid if Paid i JAN FEB MAR APR MAY JUN JUL			STATE COUNTY HEALTH HOSPITAL AMBULANCE ECJC JR. COL. CR-1 SCHOOL SB-40 LIBRARY ROAD & BRIDGE	\$5.29 \$33.32 \$25.14 \$33.53 \$12.69 \$78.80 \$720.30 \$33.53 \$33.53 \$45.95
Sec: 20	Twp: 39	Rng:1W		Acres: 56.74 23,980		AUG SEP OCT NOV DEC	0.00 0.00 0.00 0.00 0.00	TOTAL TAX		\$8.37 1,030.45
YOWELL RODNEY A - LORRAINE N REV QUAL SPOUSE TR DTD 5. 13816 ST HWY N BOURBON, MO 65441-								FEES	Paid on AID 12/20/2024	0.00 0.00 1,030.45 0.00
Our records indicate this bill will be paid by your lienholder. If this is in error, please pay this bill normally by following the instructions below.								Submit Payment To: Kris Richards Washington County Collector 102 North Missouri St Potosi, MO 63664 573-436-7701		
PLE	ASE NO	TE:		TAXES BECOME DELINQUENT JANUARY 1, 202 See penalty chart above if paying after December 31, 2024					Collector's Office Hours 8:00AM to 4:30PM	
 To avoid delay in your payment, please return this entire statement with a self-addressed, stamped envelope and a receipt will be mailed to you. Make check payable to Kris Richards, Washington County Collector. Non-clearance of check voids receipt. Questions about paying this bill, contact the Collector's Office at 573-436-7701. Questions about assessments, contact the Assessor's Office at 573-438-4992. For ownership questions, 573-438-2237. If you have sold this property and are not responsible for the taxes, please forward this statement to the new owner or notify the Collector's Office. IF TAXES ARE PAID BY YOUR MORTGATE CO., YOU MUST VERIFY THEIR RECEIPT OF THIS STATEMENT Pay personal & real estate taxes online at http://www.washingtoncountymo.us by Credit Card or Debit Card, only put in your account number on the online pay system. 										
	-	-		or's Office please d debit card trans			ll out the cre	edit card in	formation below.	
If you are paying after hours with check or money order, there is a silver stand up drop box on the courthouse lawn you can leave your payment in.										

_____ V-Code _____

Parcel 07-4.0-020-000-000-001.09000

Address

Name on Card

Signature _____

Email ___

Card Type _____ Card Number _____

Property Number(s)

Expiration Date Month _____ Year ____ Phone Number ____ Zip Code _____

Name _____ C/O ____

_____ State _____ Zip _____

CHANGE OF ADDRESS INFORMATION