|  |   |   |   | <del>4-2-0-11-1-1-1-1-1</del>    |              | -                      | <del></del>         |
|--|---|---|---|----------------------------------|--------------|------------------------|---------------------|
| Form 668( <b>Z</b> )   | ) I   | Department of the   | Treasury - Internal I                             | Revenue Service                  |              |                        |                     |
| (Hov. April 1984)  | Certificate of Release of Federal Tax Lien  |   |   |                                  |              |                        |                     |
| District S20   | 003177  | Serial Number   |   |                                  | For Optiona  | ıl Use by Reco         | ording Office       |
| Indianapolis, IN   |   |   | 870125  | 3 7                              |              |                        |                     |
| (a) of the internal if<br>for all statutory a<br>these taxes and ac<br>the notice of inter | the following-named tax<br>Revenue Code have bee<br>dditions. Therefore, the<br>dditions has been releas<br>nal revenue tax lien was<br>prized to note the books<br>ns. | n satisfied for the<br>lien provided by<br>led. The proper 9<br>is filed on | te taxes listed below Code section 6              | low and<br>6321 for<br>e where   |              |                        | (a)                 |
| Name of Taxpayer   | SEDRSE & MARIL  | YN RASCO  |   | at any and                       |              | 27                     |                     |
|  | 15 HIGHLAND PL  | <u> </u>  |   |                                  |              | ***                    | ·                   |
|  | NSTER', IN 46:37  | /   | ment is   |                                  | ថ            | .92                    | \$ <sub>11.6</sub>  |
| COURT RECOR<br>Liber   | This  | Document  | FFICIA Set la |                                  |              |                        |                     |
| Kind of Tax<br>(a)   |   | he Lake Co<br>fying Number<br>(c)   | Assessment (d)                                    | Clast Day for<br>Refiling<br>(e) |              | Unpaid Ba<br>of Assess | sment               |
| 1040   | 12/31/85 345-   | 54-1722   | 05/25/87<br>********                              | 05/247/93                        | 4 4 4        |                        | 07.57<br>*******    |
| COUNTY RECORDER T<br>LAKE COUNTY<br>CROWN POINTS, IN 46307                                 |   |   |   |                                  | \$           | 21(                    | 07.57               |
| This certificate was   | nt prepared by Joseph<br>prepared and signed at<br>December, 19 91  | Indian  | apoliis, IN                                       |                                  |              |                        | , on th             |
| Signature Joseph 1905  | W. Kafrer   |   | Title   | CHIEF, SP                        | В            |                        | 100                 |
| NOTE: Certificate of offic<br>C.B. 409)  | cer authorized by law to take acknow  | rowledgements is not es   | ssential to the validity of                       | Certificate of Release           | e of Federal | Tax Lien Rev. i        | Rul. 71-466, 1971-2 |