1872 Department of the Treasury - Internal Revenue Service Form 668 (Y)(c) **Notice of Federal Tax Lien** (Rev. February 2004) For Optional Use by Recording Office Serial Number Area: & INVESTMENT AREA #2 WAGE Lien Unit Phone: (800) 829-7650 270090706 As provided by section 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue. Name of Taxpayer JEFFERY J SKALIK Residence 531 VAN BUREN AVE HOBART, IN 46342-1145 IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of the lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a). Unpaid Balance Last Day for Tax Period Ending Date of of Assessment Refiling Kind of Tax Identifying Number Assessment **(f)** 1111(d)-111 (c) 100 (e) **(b)** (a) 09/15/2014 09/15/2014 1095.49 08/16/2004 08/16/2004 XXX-XX-0703 1040 12/31/1997 xxx-xx-0703 5119.05 12/31/2000 1040 This Document is the property of the Lake County Recorder! Place of Filing COUNTY RECORDER 6214.54 ₹otal LAKE COUNTY CROWN POINT, IN 46307 This instrument was prepared by Susan A. Hansen, Internal Revenue Service. ST PAUL, MN This notice was prepared and signed at 24th day of 2006 January the Title Director, Campus Compliance Signature Operations 12-00-0000 Susan A (NOTE: Certificate of officer authorized by law to take acknowledgment is not essential to the validity of Notice of Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409) Form 668(Y)(c) (Rev. 2-2004) Part 1 - Kept By Recording Office CAT. NO 60025X

Prescribed by the State Board of Accounts (2005)

County Form 170

## Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

- I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:
  - 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
  - 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

This Document is the presenty of the Lake County Signature of Declarant

OR Williamson

Printed Name of Declarant