

Form 668 (Z)
(Rev. 10-2000)

1872

Department of the Treasury - Internal Revenue Service
Certificate of Release of Federal Tax Lien

For Use by Recording Office

Area: SMALL BUSINESS/SELF EMPLOYED AREA #4
Lien Unit Phone: (800) 913-6050

Serial Number
161344504

I certify that the following-named taxpayer, under the requirements of section 6325 (a) of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on March 30 2004, is authorized to note the books to show the release of this lien for these taxes and additions.

Name of Taxpayer
WALTER L JR SCOTT

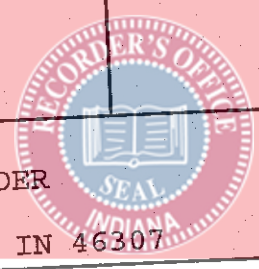
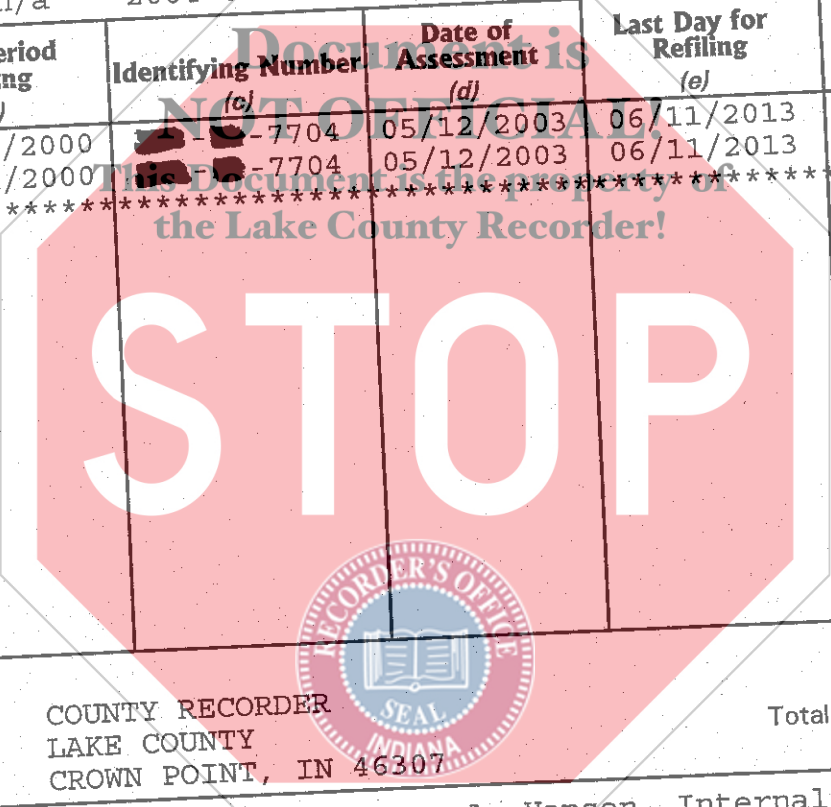
Residence 4832 DELAWARE ST
GARY, IN 46409-2554

COURT RECORDING INFORMATION:
Liber Page UCC No. Serial No.
n/a n/a n/a 2004 026027

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING
2006 MAR - 7 AM 9:33
MICHAEL A. BROWN
RECORDER

Unpaid Balance of Assessment (f)

Kind of Tax (a)	Tax Period Ending (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
6672	09/30/2000	7704	05/12/2003	06/11/2013	26497.53
6672	12/31/2000	7704	05/12/2003	06/11/2013	29250.88
*****					*****



Place of Filing

COUNTY RECORDER
LAKE COUNTY
CROWN POINT, IN 46307

Total \$ 55748.41

This instrument was prepared by Susan A. Hansen, Internal Revenue Service.
ST PAUL, MN

This notice was prepared and signed at _____
the 25th day of January, 2006.

1300
2430 3459

Signature

Susan A. Hansen

Susan A. Hansen

Title Director, Campus Compliance Operations

NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Certificate of Release of Form 668 (Z) (Rev. 10-2000)

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.

