Form 668 (Z)

Signature

12414

Department of the Treasury - Internal Revenue Service

## Certificate of Release of Federal Tax Lien

(Rev. 10-2000) For Use by Recording Office Serial Number Area: SMALL BUSINESS/SELF EMPLOYED AREA #4 359502295 Lien Unit Phone: (800) 913-6050 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 March 10 internal revenue tax lien was filed on , is authorized to note the books to show the release of this lien for 1995 these taxes and additions. Name of Taxpayer FRONICAL HARRIS Residence 4651 LINCOLN ST GARY, IN 46408-3850 COURT RECORDING INFORMATION: Serial No. Liber Page UCC No. n/a 95012833 n/a n/a Last Day for Refiling Unpaid Balance of Assessment Tax Period Date of Kind of Tax **Ending** Identifying Number (d) (<del>e</del>) (b) (a) 12/31/1989 12/05/1994 01/04/2005 1040.49 1040 ထ္ 01/08/2005 12/28/2004 12/09/1994 1040 12/31/1990 0107 2120.11 12/31/1992 11/28/1994 867.39 0107 1040 Document is the property of the Lake County Recorder! Place of Filing COUNTY RECORDER **Total** \$ 4027.99 LAKE COUNTY CROWN POINT, IN 46307 This instrument was prepared by Susan A. Hansen, Internal Revenue Service. Indianapolis, This notice was prepared and signed at , on this, 10th day of February

Hanseysan a. Hanse Susan A. (NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Certificate of Release of Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409) Form 668 (Z) (Rev. 10-2000)

Part 1 - RECORDING OFFICE

Title

Director, Operations

Campus

CAT. NO 600261

Prescribed by the State Board of Accounts (2005)

## 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:

- 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.

