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 Serial Number SMALL BUSINESS/SELF EMPLOYED AREA #4 Lien Unit Phone: (800) 913-6050 227689105 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 August 08 internal revenue tax lien was filed on _ 2005 , is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer JOHN F & SHARON K BURT Residence 11836 WOODMAR ST CEDAR LAKE, IN 46303-8944 COURT RECORDING INFORMATION: Liber. Serial No. Page UCC No. n/a 2005066374 n/a n/a Tax Period Date of Last Day for Unpaid Balance Kind of Tax Refiling **Ending** Identifying Number of Assessment ssessment (c) 0 (d) *⊤(f)* ≘ (a) (b) (e) -3350 1040 12/31/2002 12/13/2004 01/12/2015 7033.42 ***** This Document is the property of the Lake County Recorder! Place of Filing COUNTY RECORDER LAKE COUNTY Total 7033.42 CROWN POINT, IN 46307 This instrument was prepared by Susan A. Hansen, Internal Revenue Service. ST PAUL, This notice was prepared and signed at , on this, 2006 08th day of March Signature Campus Compliance Title Director, Operations Susan A. Hansen (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

CAT NO 600261

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:

- 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.

the Lake Coun Signature of Declarant Printed Name of Declarant