Form 668 (Z)

1872

Department of the Treasury - Internal Revenue Service

Certificate of Release of Federal Tax Lien (Rev. 10-2000) For Use by Recording Office Area: Serial Number SMALL BUSINESS/SELF EMPLOYED AREA #4 Lien Unit Phone: (800) 913-6050 256965905 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 November 15 \_, is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer MICHAEL A BRISON Residence 1007 REDER RD GRIFFITH, IN 46319-3115 COURT RECORDING INFORMATION: Page UCC No. Liber Serial No. n/a n/a n/a 2005 100327 Tax Period Last Day for Refiling Date of **Unpaid Balance** Kind of Tax of Assessment Identifying Number Ending Assessment (c) UOC (a) (b) umarn (e) (f)12/29/2003 1040 12/31/2001 -8599 01/28/2014 1694.86 This Document is the property of the Lake County Recorder! Place of Filing COUNTY RECORDER LAKE COUNTY Total 1694.86 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 08th day of March 2006 the

Signature Susan A Hansen

Director, Operations Title Campus Compliance

(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)

Part 1 - RECORDING OFFICE

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

Signature of Declarant Printed Name of Declarant