1872

Department of the Treasury - Internal Revenue Service

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

Certificate of Release of Federal Tax Lien

For Use by Recording Office Serial Number WAGE & INVESTMENT AREA #2 350247270 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 internal revenue tax lien was filed on \_ June 17 2002 , is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer RICKY CUEVAS Residence 4135 OLCOTT AVE EAST CHICAGO, IN 46312-2541 COURT RECORDING INFORMATION: Liber Page UCC No. Serial No. 2002 054831 n/a n/a n/a Unpaid Balance Tax Period Date of Last Day for Kind of Tax Ending **Identifying Number** Refiling of Assessment ssessment (d) III (f) 🗀 (c) (e) (a) (b) 05/25/1998 05/25/1998 12/31/1993 4886 06/24/2008 3011.32 1040 12/31/1994 12/31/1995 06/24/2008 4272.721040 4886 06/24/2008 4886 \*\*\*\* 6041.87 1040 the Lake ( Place of Filing COUNTY RECORDER LAKE COUNTY Total 13325.91 CROWN POINT, IN 46307 This instrument was prepared by Susan A. Hansen, Internal Revenue Service. Indianapolis, IN This notice was prepared and signed at on this, 08th day of March 2006 the Director, Operations Campus Compliance Signature Title 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

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. Signature of Declarant Printed Name of Declarant