

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

1872

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

Area:
WAGE & INVESTMENT AREA #2
Lien Unit Phone: (800) 913-6050

Serial Number
185279504

For Use by Recording Office

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 October 28 2004, is authorized to note the books to show the release of this lien for these taxes and additions.

Name of Taxpayer
TERRY W & JACQUELINE M DECD MOTEN

Residence 1223 MARSHALL ST
GARY, IN 46404-2131

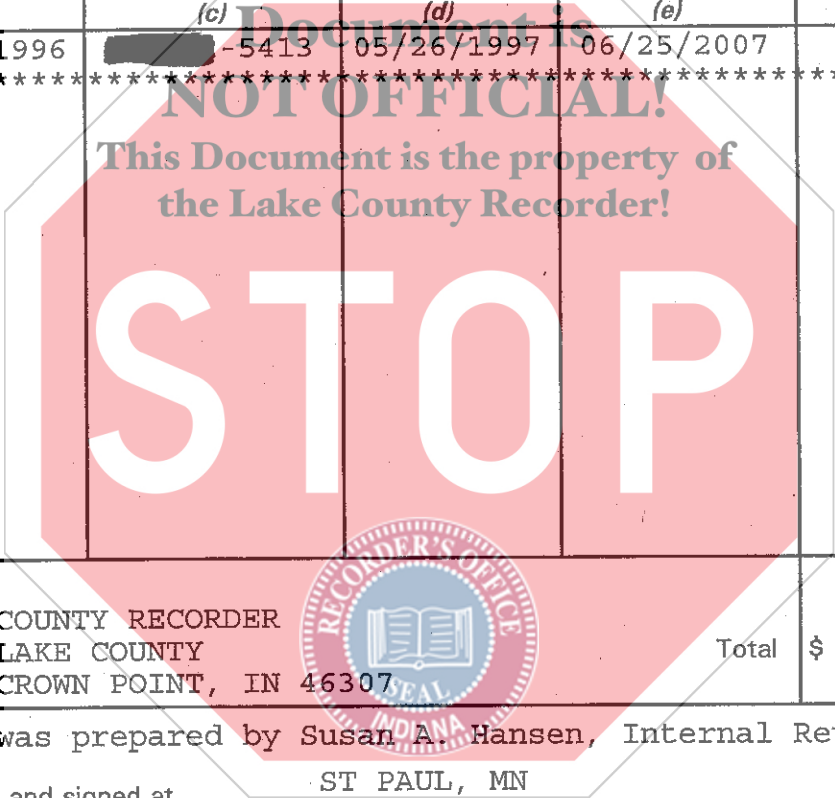
COURT RECORDING INFORMATION:

Liber Page UCC No. Serial No.
n/a n/a n/a 2004 092417

2006 023028

STATE OF INDIANA
LAKE COUNTY
FILED
MICHAEL J. BROWN
RECORDER
2006 MAR 22 AM 9:38

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)
1040	12/31/1996	[REDACTED]-5413	05/26/1997	06/25/2007	942.75



Place of Filing	COUNTY RECORDER LAKE COUNTY CROWN POINT, IN 46307	Total \$	942.75
-----------------	---	----------	--------

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

This notice was prepared and signed at ST PAUL, MN, on this,

the 22nd day of February, 2006.

Signature R. A. Mitchell
Susan A. Hansen

Title Director, Campus Compliance Operations

13-
197689G
2334

(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)

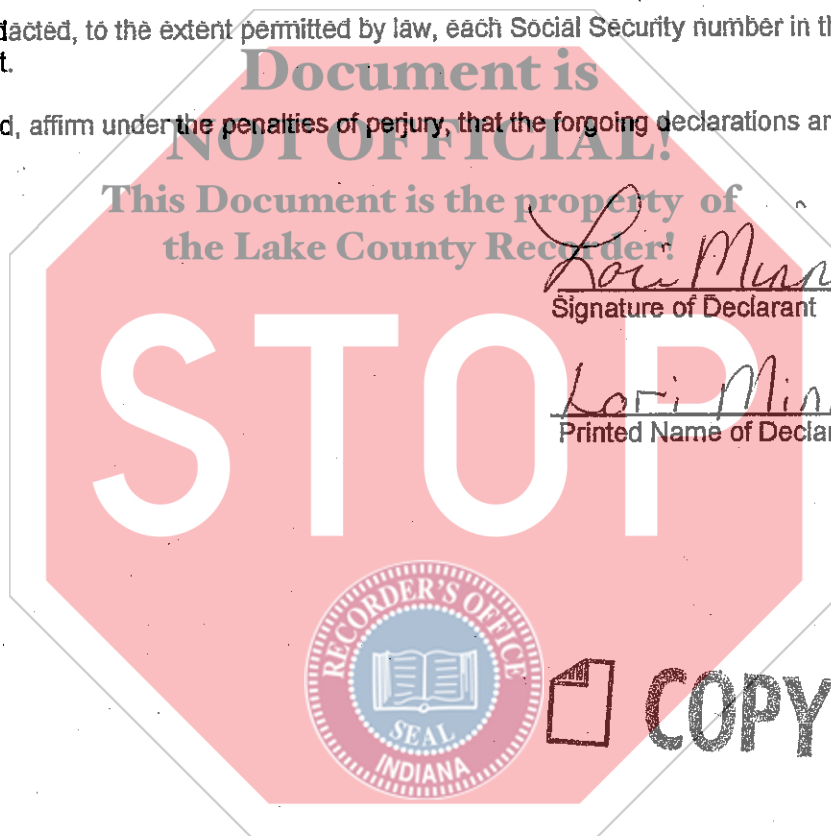
Declaration

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.



Lori Minnich

Signature of Declarant

Lori Minnich

Printed Name of Declarant