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Department of the Treasury - Internal Revenue Service 1872 Form 668 (Z) Certificate of Release of Federal Tax Lien (Rev. 10-2000) For Use by Recording Office Serial Number Area: SMALL BUSINESS/SELF EMPLOYED AREA #4 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 October 19 internal revenue tax lien was filed on , is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer SARAH M GRIFFIN Residence 8113 JUNIPER AVE GARY, IN 46403-2268 COURT RECORDING INFORMATION: UCC No. Serial No. Liber Page n/a 2000 076352 n/a n/a Unpaid Balance Last Day for Tax Period Date of of Assessment Refiling Identifying Number Kind of Tax **Ending** Assessment (f) (c) 🔳 (d) (e) (b) (a) -2150 10/04/1999 11/03/2009 **4.0**07<u>⊊</u>95: 12/31/1996 1040 3923 72 10/04/1999 11/03/2009 2150 1040 12/31/1997 **** This Document is the property of

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

This notice was prepared and signed at _______, on this,

IN 46307

the 22nd day of February , 2006.

CROWN POINT,

Signature R. A. Witchell

Title Director, Campus Compliance 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

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

- 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 forgoing declarations are true.

This Document is the property of the Lake County Recorder!

Signature of Declarant

Printed Name of Declarant