## Form 668 (Z)

(Rev. 10-2000)

16999

Department of the Treasury - Internal Revenue Service

## Certificate of Release of Federal Tax Lien

| Area:   |  |                      |          | Serial Number                |             |   | For Use by Recording Office |                              |  |
|---|--|----------------------|----------|------------------------------|-------------|---|-----------------------------|------------------------------|--|
| SMALL BUSINESS/SELF EMPLOYED AREA #4<br>Lien Unit Phone: (800) 913-6050   |  |                      |          | 880432412                    |             |   |                             |                              |  |
| 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 |  |                      |          |                              |             |   | 19 035254                   |                              |  |
|   |  |                      |          |                              |             |   |                             |                              |  |
| Residence 475 E 60TH PL  MERRILLVILLE, IN 46410-3033  COURT RECORDING INFORMATION:  Liber Page UCC No. Serial No.  n/a n/a n/a 2012 046821  |  |                      |          |                              |             | STATE OF<br>HAKE OF<br>FILED FOR<br>2019 JUN 12<br>MICHAEL E<br>RECOR |                             |                              |  |
| Kind of Tax<br>(a)  | Tax Period<br>Ending<br>(b)  | Identifying Nur      | nber     | Date of<br>Assessment<br>(d) | R           | Day for Unpa<br>efiling of A  |                             | d Balance<br>sessment<br>(f) |  |
| 1040  | 12/31/2006   | XXX-XX-32            |          | 3/07/2011                    | 04/0        | 6/2021  | 2 -                         | 18138.03                     |  |
|   |  |                      |          |                              |             |   |                             |                              |  |
| Place of Filing  COUNTY RECORDER  LAKE COUNTY  CROWN POINT, IN 46307  |  |                      |          |                              |             |   | \$                          | 18138.03                     |  |
|   | as prepared and sig  |                      | iveo     | CAGO, IL                     |             |   |                             | , on this,                   |  |
| Signature   | Signature Claim Cean Cong Title Operations Manager, Centralized Lien Operation |                      |          |                              |             |   |                             |                              |  |
| (NOTE: Ce   | ertificate of officer auth   | orized by law to tak | e acknow | vledgments is not e          | ssential to | the validity of   | Certificate of              | Release of                   |  |