

APN# None

DOC # **0695306**  
02/20/2007 12:17 PM Deputy: PK  
**OFFICIAL RECORD**  
Requested By:  
IRS

**Recording Requested by:**

Name: Internal Revenue Service  
Address: PO Box 145595 Stop # 8240-A  
City/State/Zip: Team 206  
Cincinnati, OH 45250-5595

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 2 Fee: 15.00  
BK-0207 PG- 6188 RPTT: 0.00



**When Recorded Mail to:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

( for Recorder's use only )

**Mail Tax Statement to:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Certificate of Release of Federal Tax Lien  
( Title of Document )

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 76 U.S.C. 6323 (F)(3) + Treas. Reg. 301.6323 (F) - 1(d)  
(State specific law)

L Minnich Manager  
Signature Title

L Minnich  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

**Certificate of Release of Federal Tax Lien**

<b>Area:</b> SMALL BUSINESS/SELF EMPLOYED AREA #6 Lien Unit Phone: (800) 913-6050	<b>Serial Number</b>  160078604	<b>For Use by Recording Office</b>
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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 March 05 2004, is authorized to note the books to show the release of this lien for these taxes and additions.

**Name of Taxpayer**  
MICHAEL R SCHUBARTH

**Residence** PO BOX 489  
MINDEN, NV 89423-0489

**COURT RECORDING INFORMATION:**


**Liber Page UCC No. Serial No.**  
0304 02914 n/a 0606514

Kind of Tax <i>(a)</i>	Tax Period Ending <i>(b)</i>	Identifying Number <i>(c)</i>	Date of Assessment <i>(d)</i>	Last Day for Refiling <i>(e)</i>	Unpaid Balance of Assessment <i>(f)</i>
1040	12/31/1992	██████████-1563	02/21/1994	03/22/2004	130.05
1040	12/31/1993	██████████-1563	03/14/1994	04/13/2004	3683.00
*****					

<b>Place of Filing</b>  COUNTY RECORDER DOUGLAS COUNTY MINDEN, NV 89423	<b>Total \$</b> 3813.05
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This notice was prepared and signed at DENVER, CO, on this,

the 04th day of February, 2007.



BK- 0207  
PG- 6189  
0695306 Page: 2 Of 2 02/20/2007

<b>Signature</b> <i>R. A. Mitchell</i>	<b>Title</b> Director, Campus Compliance Operations
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