	1
APN# None	DOC # 069975: 04/24/2007 02:25 PM Deput OFFICIAL RECORD Requested By:
Recording Requested by:	IRS
Name: Totern Perente Service	Douglas County - NV
	Werner Christen - Recorde
City/State/Zip: 1/1/1/1/2/2	Page: 1 Of 2 Fee: BK-0407 PG-7319 RPTT:
When Recorded Mail to:	3 1888
1	
Address: P.O. Box 145595, Stop 8420-G	( for Recorder's use only )
City/State/Zip: Cincinnati, OH. 45250-5595	
Mail Tay Statement to	(2)
·	
Address:	
City/State/Zip:	
Costificate of Delence of Fe	APICAL TOU LYON
(Title of Document)	man INX MICH
Please complete Affirmation Statemen	t below:
I the undersigned hereby affirm that the attached document, i	ncluding any exhibits, hereby
	any person or persons. (Per
-OR-	
I the undersigned hereby affirm that the attached document, i	ncluding any exhibits, hereby
submitted for recording does contain the social security number of a p	erson or persons as required by
(State specific law)	(+) -((d)
	Recording Requested by:  Name: The My   Per alle Service Address: Droy 14595 Strott 8240-6 City/State/Zip: Teliw 200 Cive/State/Zip: Teliw 200 When Recorded Mail to: Name: Internal Revenue Service Address: P.O. Box 145595, Stop 8420-6 City/State/Zip: Cincinnati, OH. 45250-5595  Mail Tax Statement to: Name: Address: City/State/Zip:  Cett Cate of Pelease of Pelease of Pelease of Pelease complete Affirm ation Statemen  I the undersigned hereby affirm that the attached document, is submitted for recording does not contain the social security number of NRS 239B.030)  OR-  I the undersigned hereby affirm that the attached document, is submitted for recording does contain the social security number of a pelaw: 7 (p. U. S. C., (p. 323 (4) / 3) + 180 (5, Rec.) 470

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

(Additional recording fee applies)

This cover page must be typed or printed in black ink.

Print Signature

15.00 0.00 Form 668 (Z)

12414

Department of the Treasury - Internal Revenue Service

## Certificate of Release of Federal Tax Lien

(Rev. 10-2000) For Use by Recording Office Area: Serial Number SMALL BUSINESS/SELF EMPLOYED AREA #6 Lien Unit Phone: (800) 913-6050 259991105 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 December 05 internal revenue tax lien was filed on 2005 , is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer SCOTT REMINGTON Residence P O BOX 2231 STATELINE, NV 89449-2231 COURT RECORDING INFORMATION: Liber Serial No. UCC No. Page 1205 1522 n/a 0662266 Unpaid Balance Tax Period Date of Last Day for Kind of Tax **Identifying Number** Refiling of Assessment **Ending** Assessment (a) (f)(b) (c) (d)" (e) 1040 12/31/2002 03/14/2005 04/13/2015 3598.65 08/03/2015 3527.78 1040 12/31/2003 07/04/2005 500.00 6702 12/31/2003 01/03/2005 02/02/2015 \*\*\*\*\* \*\*\*\*\*\* Place of Filing COUNTY RECORDER 7626.43 \$ DOUGLAS COUNTY Total MINDEN, NV 89423 DENVER, CO This notice was prepared and signed at . on this, 0407 2007 11th day of April PG- 7320 04/24/2007 0699753 Campus Compliance Signature Title Director, Operations