



00012917201508612640020027

KAREN ELLISON, RECORDER

APN# _____

Recording requested by:

Name: JAMES L KAMPSTRA
Address: 1246 JACOBSEN LAKE
City/State/Zip: SPADAVILLE, NV 89410

Mail tax statements to:

Name: _____
Address: _____
City/State/Zip: _____

Mail to, if different than above:

Name: _____
Address: _____
City/State/Zip: _____

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that this document 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 this document submitted for recording contains the social security number of a person or persons as required by law _____

(State specific law)

James L Kampstra
Signature (Print name under signature)

Title

Certificate of Release of Fed Tax Lien
(Insert Title of Document Above)

Only use the following section if it applies to your document

This document is being re-recorded to _____

This document is being recorded to correct document # _____, and is correcting

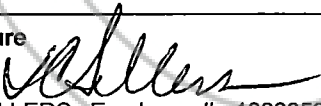
This page added to provide additional information required by NRS 111.312 Sections 1-4.
(Additional recording fee applies)

Certificate of Release of Federal Tax Lien

Small Business / Self Employed - Area: 6	Serial Number 668788610	For Use by Recording Office RECORDING OFFICE INFORMATION 0766210
I certify that as to the following-named taxpayer, the requirements of section 6325 (a) of the Internal Revenue Code have been satisfied for the taxes listed below and for 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 June 29, 2010 , is authorized to note the books to show the release of this lien for these taxes and additions.		
Name of Taxpayer JAMES L KAMPSTRA		
Residence 1246 JACOBSEN LN GARDNERVILLE, NV 89410-6139		

Kind of Tax (a)	Tax Period Ended (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
CIVP	12/31/2001	XXX-XX-3209	03/22/2004	04/21/2014	\$8,193.71
CIVP	3/31/2002	XXX-XX-3209	03/22/2004	04/21/2014	\$13,988.17
				Total	\$22,181.88
Place of Filing COUNTY RECORDER DOUGLAS COUNTY MINDEN, NV 89423					

This notice was prepared and signed at PHOENIX, AZ, on this, the 24th day of April, 2015 .

Signature  J.C. SELLERS, Employee # - 1000359643	Title ADVISOR, Phone # - (602)636-9379
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(NOTE: Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Certificate of Release of Federal Tax Lien Rev. Rul. 71-466, 1971-2 C.B. 409)