DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 2023-993890

02/15/2023 12:32 PM

Pas=2

l otal:\$40.00 KRISTINE M SEWARD



APN# __ SHAWNYNE GARREN, RECORDER Recording Requested by/Mail to: City/State/Zip: 4 Mail Tax Statements to: Address: City/State/Zip: tificate of Release of Federal Tax Lien Title of Document (required) ------(Only use if applicable) ------The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable) Affidavit of Death - NRS 440.380(1)(A) & NRS 40.525(5) Judgment - NRS 17.150(4) Military Discharge - NRS 419.020(2) Signature **Printed Name** This document is being (re-)recorded to correct document #______, and is correcting

--*--Form 668 (Z)

17628

Department of the Treasury - Internal Revenue Service

20 Department of the freasury - internal nevenue

(Rev. 10-2000)

Certificate of Release of Federal Tax Lien

					-	F II-	hu Deparding Office
Area: SMALL BUSIN	ESS/SELF EMPLO	Serial Number			For Use by Recording Office		
I certify that the of the Internal additions. The additions has internal revenue 2012 these taxes ar Name of TaxponeVADA PRO		expayer, under the satisfied the taxe vided by Code see proper officer in on Januate the books to see AGE LLC	es listed b ction 632 the offic lary 2	elow and all sta 1 for these tax e where the no 4	325 (a) atutory es and tice of		
	ge UCC No.		487	IATION:			
Kind of Tax	Tax Period Ending	Identifying Nur	mber A	Date of Assessment (d)	/ R	Day for efiling (e)	Unpaid Balance of Assessment (f)
<i>(a)</i> 941	<i>(b)</i> 09/30/2011	(c) XX-XXX93	19 12	2/26/2011	1000	25/2022	965.10
		187			796	•	******
Place of Filing COUNTY RECORDER DOUGLAS COUNTY MINDEN, NV 89423							\$ 965.10
This notice wa	as prepared and si day of _{Februa}			TTLE, WA			, on this,
Signature	Elivin Dean	. Ceong		Title Operation Central:	ons M	anager, Lien Ope	ration