Prom 666(C)     Descrimting of the Treasury - Internal Revenues Sarvice     C C C (G)       (Rev. Dag., 1927)     Certificate of Release of Fraderal Tax Lien       District     Serial Nomber       1 certifyinat 83 to the following-named taxpayer, file relations as decide 6325.       (a) of the integral Revenue Code have been made to the taxes listed below and the exist is the decide way and the relation file of the result of the integral Revenue Code have been made to the taxes listed below and the exist is the decide way and the exist is the decide way and the relation file of the relation of the books to show the relates of this file of the relation of the second states and the relation of the relation of the relation of the relation of the relation file of the relation of the relation of the relation of the relation file of the relation of t		31883			\$	-1 Maz Ford	22041
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I certify that as to the following-named taxpayer. The requirements of section 6325         (a) of the integral Revenue Code have been satisfied for the taxes listed below and these taxes and additions has been released [The proper office prior to Code section 6321 for the taxes and additions has been released] the proper office prior to code section 6321 for the taxes and additions tax the was stided of the taxes and additions.         Name of Taxpayer       0         Name of Taxpayer       0         Residence       P 0 Box 1421         Kind of Tax       Tax Period         Kind of Tax       Tax Period         (a)       Tax Period         (a)       Tax Period         (b)       12-31-81         543-36-2147       6-07-82         (a)       12-31-81         543-36-2147       6-07-82         (a)       12-31-81         543-36-2147       5-07-82         (a)       12-31-81         543-36-2147       5-07-82         (b)       12-31-81         543-36-2147       5-07-82         7-07-88       459.89         1040 30       12-31-81         543-36-2147       5-07-82         7-07-83       6-29-89         1,834.92                Pikep of Filing		and, Oregon	Serial Nom	ber 35	27587	(7)	lecording Offic
The patie tayes and additions has been released if the proper difference of the patient of internal revolute tax line was field of	I certify that (a) of the inte	as to the followin	ng-named taxpayer, the r	equirements of s	ection 6325		
Name of axpayer         O           Raymond M. & Katta M Baird         Residence         P 0 Box 1421           Heeldence         P 0 Box 1421         Klamath Falls, OR 97601         TDA 83311 BAIR 66           Kind of Tax         Tax Period         Identifying Number         Date of Assessment         Co           Kind of Tax         Tax Period         Identifying Number         Co         Pate of Refling         Co           Kind of Tax         Tax Period         Identifying Number         Assessment         Co         Co           1040 30         12-31-81         543-36-2147         6-07-82         7-07-88         459.89           1040 30         12-31-82         "         "         5-30-83         6-29-89         1,834.92           So         Title         So         2,294.81         So         2,294.81	these taxes a	nd additions has	been released The prop	er officenin the o	on 6321 for		a de la companya de la
Pesidence       P 0 Box 1421 Klamath Falls, 0R 97601       TDA 83311 BAIR 66 TDA 83311 BAIR 66         Kind of Tax       Tax Period (b)       Identifying Number (c)       Date of Assessment (c)       Last Day for Refilling (c)       Unpaid Balance of Assessment (c)         1040 30       12-31-81       543-36-2147       6-07-82       7-07-88       459.89         1040 30       12-31-82       "       "       5-30-83       6-29-89       1,834.92         S0       "       "       5-30-83       6-29-89       1,834.92         S0       "       "       S-30-83       5-29-89       1,834.92         S0       "       "       S-30-83       5-29-89       1,834.92         S0       "       "       S-30-83       5-29-89       1,834.92         S0       "       "       S-30-83       S-29-89       1,834.92         S0       "       S0       S0       S0       S0       S0         S0       " <td></td> <td></td> <td></td> <td>release of this lie</td> <td>en for these</td> <td></td> <td>- Province of the second se</td>				release of this lie	en for these		- Province of the second se
Klamath Fa11s, OR 97601 TDA 83311 BAIR 66         Kind of Tax       Tax Period (0)       Identifying Number (c)       Date of Assessment (c)       Last Day for Refilling (c)       Unpaid Balance of Assessment (c)         1040 30       12-31-81       543-36-2147       6-07-82       7-07-88       459.89         1040 30       12-31-82       "       "       5-30-83       6-29-89       1,834.92         Ex       Ex       Ex       Ex       Ex       Ex       Ex       Ex         Fildep of Filing       Ex       Ex       Ex       Ex       Ex       Ex       Ex         Fildep of Filing       Ex	Residence		the second se			1,121,47	
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Kind of Tax         Ended (b)         identifying Number (c)         Date of Assessment (d)         Last Day for Refilling (e)         Unpeld Balance of Assessment (d)           1040 30         12-31-81         543-36-2147         6-07-82         7-07-88         459.89           1040 30         12-31-82         "         "         5-30-83         6-29-89         1,834.92           Ex							
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Place of Filing         Image: County Clerk, Klamath County         Total         Image: Structure         Image: Structure         Point Structure         Total         Image: Structure         Point Structure         Title         County Clerk, Klamath County         Total         Structure         Total         Structure         Title         County of Structure         Title         County of Structure         Reference         Title         County of Structure         Reference         Reference         County Clerk, Klamath County         Total         Structure         Structure         Title         County Structure         Structure <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
E County Clerk, Klamath County     Total     \$       his certificate was prepared and signed at     2,294.81       his certificate was prepared and signed at     PORTLAND, OREGON       his certificate was prepared and signed at     . on this       he day of, 19     DEC 16 1983       Signature     Title       Adduct     Title							
his certificate was prepared and signed at, on this certificate was prepared and signed at, on this, on this, on this, on this	-						
his certificate was prepared and signed at PORTLAND, OREGON, on this he day of, 19 DEC 16 1983 Signature Title CHIEF, SPECIAL PEDCEDURES FUNKTION	。 当 County C	lerk, Klamat	h County		Total	\$	
ignature Add M. Cold Con Title CHIEF, SPECIAL PROCEDURES FUNCTION	his certificate wa	S Drepared and	signed at			· · · · · · · · · · · · · · · · · · ·	
gnature Robert K. Cold Son Title Robert K. Cold Son Procedures PUNSTION							, on thi
KORDELT R. CORG. DOM. PROCEDURES FUNSTION		<u></u> ,	19		DEC 16 1983	<b>b</b>	
	(NOTE: Cartilicat	Kobeet.	K. Enleycom	B <sup>a</sup> ray as	PROCEDURES FURION	A	
STATE OF OREGON: COUNTY OF VI AMATURE PURDOSES	- -	hereby cert	ify that the with	ATH:ss In instrument	- Was receiv	ed and filed for	or
STATE OF OREGON: COUNTY OF KLAMATH:ss I hereby certify that the within instrument was received and filed for record on the 23rd day of DEC.A.D., 1983 at 11:58 o'clock A M						0 0000 000/ -	• •
I hereby certify that the within instrument was received and filed for record on the <u>23rd</u> day of <u>DEC.A.D.</u> , <u>1983 at</u> <u>11:58</u> o'clock <u>A</u> <u>M</u> , and duly recorded in Vol <u>M83</u> , of <u>U.S.TAX Liens</u> on page <u>22041</u> . EVELYN BIEHN, COUNTY CLERK	• T.						

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