

(Rev. April 1984)

District

PORTLAND

Serial Number

85004944-1137

For Optional Use by Recording Office

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 _____, 19____ is authorized to note the books to show the release of this lien for these taxes and additions.

DATE FILED 03/06/85
BOOK M85
PAGE 3320
SEQ NUM 46554

Name of Taxpayer

MARIA MASLOFF

Residence

1860 ROSE AVENUE
SAN MARINO CA 91103

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)
1040	12/31/81	571-64-7603	01/02/84	02/01/90	4410.72
1040	12/31/82	571-64-7603	04/06/84	05/06/90	3938.17
x x x	x x x x	x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
x x x	x x x x	x x x x x x	x x x x	x x x x x	x x x x x x
Total					\$ 8348.89

klamath county

This certificate was prepared and signed at PORTLAND, OREGON, on this, _____

the 28 day of JAN, 19 86

Signature

Robert K. Erickson
R K ERICKSON

Title

CHIEF, SPECIAL PROCEDURES

Signature *Robert K. Erickson*
R K ERICKSON

CHIEF, SPECIAL PROSECUTOR

(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. 71-486, 1971-2 C.B. 408)

STATE OF OREGON: COUNTY OF KLAMATH: SS.

STATE OF OREGON: COUNTY OF KLAMATH: ss. the 12th day
Filed for record at request of _____
of February A.D., 19 86 at 9:51 o'clock A M., and duly recorded in Vol. 1886
of U. S. Tax Liens on Page 2625
_____ Evelyn Biehn, County Clerk

FEE \$5.00