

*For Optional Use by Recording Office*

District

Serial Number

93 AUG 27 PM 2 15

Name of Taxpayer

John M. Carland  
Robin Burgess

Residence

AT OHIO  
ARRANGE 1-2 66044-2357

9007239

9007239

Unpaid Balance  
of Assessment  
(1)

### Place of Filing

Total	\$
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\$14152.55

This notice was prepared and signed at \_\_\_\_\_, on this, \_\_\_\_\_.

the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

**Signature**

Title

NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax Lien  
498 1833 Form 661  
Rev. Rul. 71-466, 1971-2 CB 4091  
Part 1 - Kept By Recording Office

498 1833 Form 668 (Y) (Rev. 1-91)

Part 1 - Kept By Recording Office