

FILED
 CASS COUNTY, NE.

2019 JUN 19 AM 8:43

BK *File # 1842*

Jane & Paulson
 REGISTER OF DEEDS

#2340 \$0.00
 (100)

PLEASE RETURN TO:
 NEBRASKA DEPT OF REVENUE
 PO BOX 94609
 LINCOLN NE 68509-4609



State Tax Lien Statement of Termination or
 Certificate of Partial Release or
 Subordination

PLEASE DO NOT WRITE IN THIS SPACE

Pursuant to the revenue laws of the State of Nebraska, notice is hereby given that the State Tax Lien which has been duly filed by the Nebraska Department of Revenue against the below-named taxpayer, is terminated, partially released, or subordinated to the extent indicated below.

| | | | |
|--|-----------------------------------|--|--|
| Nebraska Identification Number 20036078 | Federal Identification Number | Social Security Number XXX-XX-6192 | Spouse's Social Security Number XXX-XX-6902 |
| Lien Serial Number 11787041 | Lien filed with Register of Deeds | Date of Lien 04/20/2017 | Tax Category 22 |
| BUSINESS NAME AND LOCATION ADDRESS | | TAXPAYER NAME AND MAILING ADDRESS | |
| | | MARK A TINCHER KATHRYN D TINCHER 1906 YOUNG ROAD PLATTSMOUTH NE 68048 | |

Type of Action

TERMINATION OF TAX LIEN. The State Tax Lien is hereby fully terminated. UCC Instrument Number 99177909601
 TAX YEARS 2013 County Instrument Number 1842-1838
 (corporate, individual income, and withholding tax only) Continuance: UCC Instrument Number _____
 Continuance: County Instrument Number _____

PARTIAL RELEASE. The State Tax Lien is partially released as follows: UCC Instrument Number _____
 TAX YEARS _____ County Instrument Number _____
 (corporate, individual income, and withholding tax only)

SUBORDINATION. The State Tax Lien is subordinated as follows UCC Instrument Number _____
 County Instrument Number _____

I hereby certify that the Nebraska Department of Revenue has complied with the revenue laws of the State of Nebraska in determination of the termination, partial release, or subordination indicated above.

sign here *[Signature]* Revenue Agent 06/14/2019 (308)632-1203
 Preparer's Signature Title Date Telephone Number
[Signature] Revenue Supervisor 06/14/2019
 Authorized Signature Title Date