


**United States  
 Certificate Discharging  
 Property Subject to  
 Estate Tax Lien**

Decedent's First Name and Middle Initial <b>Lucille G.</b>		Decedent's Last Name <b>Tolles</b>	
Decedent's Social Security Number <b>██████████-4227</b>		Date of Death <b>8-28-96</b>	
Domicile at Time of Death  <b>Iowa</b>			
TO			
NAME OF APPLICANT ▶		J. Paul Ahlers	
ADDRESS (Number, Street, City or Town, State and ZIP Code)		c/o James Langeness 400 Locust, Suite 400 Des Moines, Iowa 50309	

I certify that the estate tax for the estate of the decedent named above has been fully paid or otherwise provided for. This certificate discharges the property described below from the lien of the United States imposed by section 6324 of the Internal Revenue Code.

Lots Nine (9) and Ten (10) of the subdivision of the Southeast Quarter (1/4) of Section Thirty-four (34), in Township Seventy-six (76) North, Range Twenty-seven (27) as shown by the plat recorded at page 337 of Deed Record 8 of the records of Madison County, Iowa, AND the North Fractional Half (1/2) of the Northwest Quarter (1/4) of the Northeast Quarter (1/4) of Section Three (3), in Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa.

AND


The Southeast Quarter (1/4) of the Northeast Quarter (1/4) AND the East Half (1/2) of the Southeast Quarter (1/4) of Section Twenty-nine (29), EXCEPT that part thereof lying and being on the South side of North Branch; AND the Southwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Twenty-eight (28), all in Township Seventy-seven (77) North, Range Twenty-seven (27), West of the 5th P.M., Madison County, Iowa, 

AND  
 The West Half (1/2) of the Southwest Quarter (1/4) of Section Twenty-eight (28), EXCEPT that part thereof lying and being on the South side of North Branch, in Township Seventy-seven (77) North, Range Twenty-seven (27), West of the 5th P.M., Madison County, Iowa

COMPUTER   
 RECORDED   
 COMPARED

REC'D \$ 5.00  
 ADD \$ \_\_\_\_\_  
 S.M.F. \$ 1.00

FILED NO: **2808**  
 BOOK 8 PAGE 369  
 97 APR 15 PH 4:20  
 MICHELLE UTSLE  
 RECORDER  
 MADISON COUNTY, IOWA

SIGNATURE OF CERTIFYING OFFICIAL ▶  District or Office		Title	Date
	<b>Des Moines, Iowa</b>	<b>District Director</b>	<b>4-7-97</b>