Form **56**
(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Notice Concerning Fiduciary Relationship

(Internal Revenue Code sections 6036 and 6903)

OMB No. 1545-0013

Part I Identification

Name of person for whom you are acting (as shown on the tax return): **ROBERT MARSHALL**

Identifying number:

Decedent's social security no.: [redacted]

Address of person for whom you are acting (number, street, and room or suite no.): [redacted]

City or town, state, and ZIP code (If a foreign address, see instructions.): **Linden, NJ 07036**

Fiduciary's name: **Robert Larry Jr Marshall**

Address of fiduciary (number, street, and room or suite no.): [redacted]

City or town, state, and ZIP code: **Linden New Jersey Republic [near 07036]**

Telephone number (optional): **(347) 384-3745**

Part II Authority

1 Authority for fiduciary relationship. Check applicable box:

- a(1) ☑ Will and codicils or court order appointing fiduciary . . . . . (2) Date of death **03/02/1972**
- b(1) ☐ Court order appointing fiduciary . . . . . (2) Date (see instructions)
- c ☐ Valid trust instrument and amendments
- d ☑ Other. Describe ▶ **All deceptive private law documents and the commercial fraud of the SS5**

Part III Nature of Liability and Tax Notices

2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.) ▶ **All those listed pursuant Title 31 USC Sec 321**

3 Federal tax form number (706, 1040, 1041, 1120, etc.) ▶ **1040 & 1041**

4 Year(s) or period(s) (if estate tax, date of death) ▶ **deemed alien civiliter resident mortuus 03/02/1972 by form SS5**

5 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **all** items described on lines 2, 3, and 4, check here . . . . . ▶ ☐

6 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **some** (but not all) of the items described on lines 2, 3, and 4, check here ▶ ☐ and list the applicable federal tax form number and the year(s) or period(s) applicable

Part IV Revocation or Termination of Notice

Section A—Total Revocation or Termination

7 Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship . ▶ ☑

Reason for termination of fiduciary relationship. Check applicable box:

- a ☐ Court order revoking fiduciary authority
- b ☐ Certificate of dissolution or termination of a business entity
- c ☑ Other. Describe ▶ **I, Robert Larry Jr Marshall have no known fiduciary agreements in this state or in the United Stat**

Section B—Partial Revocation

8a Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship . . . . . ▶ ☐

b Specify to whom granted, date, and address, including ZIP code.
▶

Section C—Substitute Fiduciary

9 Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies) . . . . . ▶ ☑
▶ **Steven Mnuchin or successors, Treasury Secretary 1500 Pennsylvania Avenue, NW Washington DC 20220**

Part V Court and Administrative Proceedings

Name of court (if other than a court proceeding, identify the type of proceeding and name of agency)	Date proceeding initiated
Address of court	Docket number of proceeding

City or town, state, and ZIP code	Date	Time a.m. p.m.	Place of other proceedings

Part VI Signature

I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.

Please Sign Here

[redacted] | POA in Fact /New York | 09/21/2017

Fiduciary's signature | Title, if applicable | Date

*delivered via U.S.P.S Certified Mail w/ Return Receipt 7016 1370 0000 9091 3641

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

NEWARK, NJ 07102

OFFICIAL USE

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	$2.75
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.49
Total Postage and Fees	$6.59

0028 82

VAF STATION-NEW YORK, NY
Postmark Here
SEP 25 2017
USPS 09/25/2017

Sent To: Internal Revenue Service
Street and Apt. No., or PO Box No.: 20 Washington Pl
City, State, ZIP+4®: Newark NJ 07102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Internal Revenue Service
20 Washington Pl
Newark NJ 07102

9590 9402 2110 6132 2486 46

2. Article Number (Transfer from service label)
6 1370 0000 9091 3641

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Daniel Foster
C. Date of Delivery: 9/28/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☑ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☑ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
☐ Insured Mail	
☐ Insured Mail Restricted Delivery (over $500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt