



**Illinois Department of Revenue**

Property Tax Division  
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Rev.PropTaxEd@illinois.gov

**RECEIVED**

SEP 05 2025

**LAKE COUNTY CLERK  
ANTHONY VEGA**

**Statewide Supervisor of Assessments Examination**

**Certification**

**For**

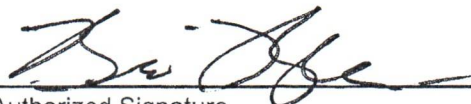
**LAKE COUNTY**

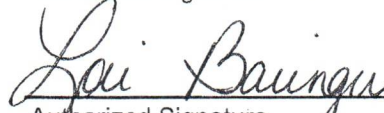
I, the undersigned, certify that the person(s) listed below passed the Supervisor of Assessments examination administered by the Department of Revenue, in **LASALLE COUNTY**, on **August 26, 2025**. This list does not include the names of persons who may have passed the examination but did not wish to be included in the certification to your county. In accordance with 86 Ill. Adm. Code 110.180, a passing score remains valid for a period of two years from the date of the examination or as long as the supervisor of assessments remains in continuous service (barring the retaking and failure of this examination before the two year period expires).

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**NATHAN M HERBST**

Examination Date: 8/26/2025

  
\_\_\_\_\_  
Authorized Signature

  
\_\_\_\_\_  
Authorized Signature