



COUNTY OF ALPINE
Department of Finance
Carol McElroy- CAO/DOF
Tina Scherer- Chief Deputy Treasurer-Tax Collector

CLAIM FOR EXCESS PROCEEDS

I hereby certify that I am a party of interest in the following real property:

Assessment No: _____
 Last Assessee: _____
 Property Situs: _____
 Date of Tax Sale: _____ Date Tax Deed Recorded: _____

I UNDERSTAND THAT THE FINAL DATE TO SUBMIT A CLAIM IS: 1 YEAR FOLLOWING THE DATE OF THE RECORDING OF THE DEED TO THE PURCHASER. CLAIMS NOT POSTMARKERD ON OR BEFORE THAT DATE WILL NOT BE ACCEPTED.

I claim excess proceeds under Revenue and Taxation code §4675 based upon my interest in the above described property as a:

- ____ Lienholder of Record
- ____ Owner of Record
- ____ Qualified Heir(s) of Owner of Record
- ____ Assignee of a Party of Interest

Documentation proving my right to excess proceeds is enclosed.

I affirm under penalty of perjury that the foregoing and all enclosures are true and correct to the best of my knowledge.

 Social Security/Taxpayer Identification Number

Subscribed and affirmed to me before this _____ day of _____, 2_____, by

 Name of Claimant (typed or printed)

 Signature of Claimant

Daytime Phone: _____

Email address: _____

 Signature of Notary Public

Mailing Address:

(Notary Seal)