



*Dene M. Hicks*

Stephens County Tax Commissioner  
Ex-Officio Sheriff

## OFFICIAL CLAIM FOR TAX SALE EXCESS FUNDS

Tax Sale Date:		Claim Amount:	
Parcel Number:		Claim Date:	
Sold Property Address:			

I, the claimant as entered hereon and below, (hereinafter claimant) do hereby claim the excess funds from the tax sale as stated herein and do hereby swear and affirm that I have the right to claim said funds. I have also attached hereto any and all legal documents and affidavits supporting my claim for said excess funds. I further affirm that there are no other parties that have any legal rights or claim to said funds to the best of my knowledge except as noted here: (ex: mortgage or liens holders name & address, heirs names, co-owners, name, etc.)

The basis for my claim of these excess funds is as follows: (ex. Owner before sale, estate representative, lien holder, etc.)

In consideration of the disbursement of the above claim for excess funds from the tax sale of said parcel, I do hereby release and forever discharge the past, present and future: Stephens County Tax Commissioner, the Board of Commissioners, employees of the Stephens County Tax Commissioner and the Board of Commissioners, the Stephens County Sheriff and all of the Sheriff's employees, including Ex-Officio Sheriffs, all Stephens County Officers, Officials and employees, their agents, representatives, successors, and assigns (herein after "County"), from any and all claims, demands, obligations, actions, causes of actions, rights, damages, cost, attorney's fees, expenses and compensation of any nature whatsoever, which may arise from the distribution of the above referenced tax sale excess funds. I further agree to indemnify and hold harmless the County, from any and all claims, demands, losses, causes of action, damages, lawsuits, judgments, including attorney's fees and cost, whether in law, equity or otherwise, of whatever description, arising out of or relating to the distribution of the tax sale excess funds to the undersigned claimant. I further certify I am, or I am legally authorized to sign on behalf of, the claimant as applies hereto.

So claimed, authorized and released as of the claim date as first specified above.

Claimant Printed Name

Witness Printed Name

Claimant Signature

Witness Signature

Claimant Street Address

Witness Street Address

City, State, Zip

Phone #

City, State, Zip

Phone #

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

**This document must be signed, witnessed and notarized. Supporting documents are required. A government issued photo ID of the claimant must be submitted. CLAIMS FROM THIRD PARTIES ARE NOT ACCEPTED UNLESS SAME IS A DULY AUTHORIZED LICENSED ATTORNEY FOR THE CLAIMANT. Excess funds will only be distributed to the rightful owner(s), not to third parties. All claims based on liens require a payoff statement.**