

Excess Funds Claim Form

Official Claim for Excess Funds

Map & Parcel Number: _____

Tax Sale Date: _____

Owner Name: _____

Address: _____

The person listed above being sworn on oath, deposes and says as follows:

1. This affidavit is being made and delivered to the Tax Commissioner of Washington County, Georgia as in inducement to cause said Tax Commissioner to pay over to the claimant excess funds received in connection with the tax sale.
2. That the claimant was the record title holder and owner of the property described herein at the time of tax sale and that the claimant is the correct person/party authorized to receive the excess funds.
3. That there are **NO** liens, mortgages, deeds to secure debt, federal taxes, state taxes of any kind, pledges or other claims of any type, kind or variety against said property.
4. That claimant has not transferred, conveyed or encumbered any of its rights or interest in the property described herein.

Signature of Claimant: _____

Printed name of Claimant: _____

Relationship to title holder/owner of property: _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public: _____

My commission expires: _____