

OFFICIAL CLAIM FOR TAX SALE EXCESS FUNDS

Property Sold Address		Tax Sale Date		Claim Amount \$	
Parcel Number				Claim Date	

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 legal 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: (example: mortgage or lien holders name & address, heirs names, co-owners names, etc.)

The basis for my claim on these excess funds is as follows: (example: 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: White County Tax Commissioner, the Board of Commissioners, employees of the White County Tax Commissioner and the Board of Commissioners, the White County Sheriff and all of the Sheriff's employees, including Ex-Officio Sheriffs, all White 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, costs, 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, damage, lawsuits, judgments, including attorney's fees and costs, 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. I further acknowledge that the Tax Commissioner reserves the right to file an interpleader action pursuant to O.C.G.A. §48-4-5 for the Court to determine the distribution of the excess funds.

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

Claimant printed name

Claimant signature

Claimant street address

City, State, Zip

Phone number

Witness printed name

Witness signature

Witness street address

City, State, Zip

Phone number

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.

Return all documents to: White County Tax Commissioner, Attention: Excess Funds' at the address below:



Cindy Cannon
White County Tax Commissioner Office
P. O. Box 970
Cleveland, Georgia 30528
(706) 865-2225
Fax (706) 219-0078