County of Orange
Office of the Treasurer-Tax Collector
Shari L. Freidenrich, CPA, CCMT, CPFA, ACPFIM
P.O. Box 4515
Santa Ana, CA 92702-4515

CLAIM FOR EXCESS PROCEEDS

Auction Number: _____ **Auction Date:** _____

Party of Interest (POI) Name: _____

Claimant Name: _____ **Title:** _____

Relationship to POI: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-Mail: _____ **SS# / TIN:** _____

Phone Number: _____ **DL#:** _____

I claim excess proceeds under Revenue and Taxation Code Section §4675 as the last assessee or representative thereof or a lienholder of record. **Documentation that supports my claim is enclosed.** I understand that this claim form must be postmarked within one year from the recording date of the tax deed and that claims received after the recording date will not be accepted per state law. I hereby certify that I am a party of interest or representative thereof in the following parcel:

Parcel Number: _____ **Assessee Name:** _____

Property Address: _____

Deed Recording Date: _____ **Amount of Claim: $** _____
(If claim is assigned and claim is greater than $50, claimant signature must be notarized)

CERTIFICATE OF CLAIMANT

The undersigned and any heirs, executors, successors or assigns of the undersigned, agree to indemnify and hold the County of Orange, its elected and appointed officials, officers and employees, harmless from and against all claims, demands, suits, liability, loss, damage, expenses, counsel fees and costs of any nature arising from or related to the payment of any unclaimed funds by the County pursuant to this claim.

I certify under penalty of perjury that the information contained in this claim is true and correct, and of my own personal knowledge. I further certify that I prepared this claim and am entitled to claim excess proceeds either as the party of interest or have been assigned the right by the party of interest (if so, must submit written documentation, as per instructions).

Please initial as appropriate: Form Completed by Party of Interest: _____ Form Completed by Assignee: _____

Title: _____ Relationship to POI: _____

Signature of Claimant: _____ Date: _____

Public Records Act Request for Holders of Unclaimed Funds

Please be advised, that the Office of the Treasurer-Tax Collector may, from time to time, receive requests from members of the public for a list of individuals who are eligible to receive unclaimed funds from the County. This list may contain names and contact information. These lists are public records within the meaning of the Public Records Act and thus must be disclosed. The Office of the Treasurer-Tax Collector is not required to notify the individuals listed that it is releasing this information.

ASSIGNMENT OF PAYMENT

(Assigning your claim will not affect the amount you may be entitled to receive)

Under Revenue and Taxation Code Section §4675, a party of interest in a property that was sold at tax sale may assign his or her right to claim excess proceeds **ONLY**:

- By using a dated, written instrument that explicitly states that the right to claim excess proceeds is being assigned, and after each party to the proposed assignment has disclosed to each other party all facts relating to the value of the right that is being assigned.

Any person or entity, who in any way acts on behalf of, or in place of, any party of interest with respect to filing a claim for excess proceeds, shall submit proof with the claim that:

- **The amount and source of excess proceeds has been disclosed to the party of interest, and the party of interest has been advised of their right to claim excess proceeds on their own behalf at no cost and that assigning the claim will not affect the amount of excess proceeds to be received.**

If you prefer to have an agent file your claim for you, or if you should decide to sell your claim, this "assignment" must be completed and submitted in addition to the Claim for Excess Proceeds. Any assignment that does not comply with these requirements shall have no effect.

If the right to claim these funds is assigned by the party of interest to another individual or to a company (assignee), the Office of the Treasurer-Tax Collector will only issue only one check for the entire claim amount to the assignee. It is the assignee's responsibility to inform the Office of the Treasurer-Tax Collector to whom the check should be made payable, and the address to which it should be sent. Please complete the following information:

I, _____the undersigned party of interest, have been advised of my right to claim excess proceeds on my own behalf at no cost, but do hereby instruct the Office of the Treasurer-Tax Collector to issue a check for the entire claim amount to the following assignee at the address listed below:

Party of Interest (POI) Name: _____ **POI Signature:** _____

POI Address: _____ **POI Phone Number:** _____

POI DL#: _____ **POI SS# / TIN:** _____

Assignee Name: _____ **Date:** _____

Assignee Address to mail the check:

_____

Street Address **City** **State** **Zip Code**

NOTARY ACKNOWLEDGMENT

(Required if your claim is assigned and is over $50)

State of California }ss.

County of _____}

On _____, before me, _____Notary Public, personally appeared

_____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this document and acknowledged to me that he/she executed the same in his/her authorized capacity, that by his/her signature on this document the person, or the entity upon behalf of which the person acted, executed this document.

Witness my hand and official seal.

_____ (Seal)