

**Office of the Treasurer & Tax Collector  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 140  
San Francisco, CA 94102**

**CLAIM FOR EXCESS PROCEEDS**

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

Assessment No.:

Last Assessee:

Property Address:

Date of Tax Sale:

Date Tax Deed Recorded:

I UNDERSTAND THAT THE FINAL DATE TO SUBMIT A CLAIM IS: \_\_\_\_\_ AND CLAIMS NOT POSTMARKED 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
- Claimant Filing on Behalf of a Business
- Assignee of a Party of Interest

Claimant's Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All necessary 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

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Name of Claimant (typed or printed)

\_\_\_\_\_  
Signature of Claimant

**A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.**

**Submit completed form to:  
City and County of San Francisco  
Office of the Treasurer & Tax Collector-Legal Section  
PO Box 7246  
San Francisco, CA 94120-7426**

State of California

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature \_\_\_\_\_