

APPLICATION FOR EXCESS PROCEEDS FROM THE SALE OF PROPERTY FOR TAX COLLECTION PURPOSES

1. **The Tax Commissioner's Office will not accept applications from third parties, other than from attorneys licensed to practice law in Georgia.** The Tax Commissioner's Office does not recognize applications from asset recovery firms or non-attorneys who purport to represent claimants. A licensed attorney should submit a written, notarized statement from the claimant authorizing the attorney to act on the claimant's behalf.
2. **Incomplete or illegible applications will not be considered.** Please follow all instructions on the application form.
3. The following information must be provided for each person that is entitled to excess proceeds at the time of sale, full name, current physical address, telephone number, copy of State issued Driver's License or ID, completed W-9 form and percent ownership of the property at the time of sale.
4. All applications must include a Certificate of Title prepared by a Georgia attorney to the standards of the State Bar of Georgia or the application will not be processed. Please have your attorney prepare and submit a Certificate of Title for the property with the completed application. Certificate of Title must be performed/dated within six months of receipt of application.
5. In the event of a dispute between two or more claimants regarding excess funds, or in other situations where the Tax Commissioner deems it necessary, the Tax Commissioner's Office may interplead funds to the Superior Court of Athens-Clarke County, Georgia. If the Tax Commissioner's Office interpleads the excess funds, it is entitled to obtain its costs of litigation from the funds upon a court order.
6. The Tax Commissioner's Office will only release excess proceeds to a claimant or a claimant's attorney.
7. Please provide supporting documents stating why applicant is entitled to excess funds.

I. APPLICANT INFORMATION

Applicant Name _____

Applicant Address _____

Applicant Telephone _____

Parcel Number _____

Property Address _____

Date of Sale _____

Copy of driver's license _____

II. RELEASE TO BE SIGNED BY EACH CLAIMANT

RELEASE AND INDEMNIFICATION AGREEMENT
TO BE SIGNED BY CLAIMANT

STATE OF GEORGIA
COUNTY OF _____

Personally appeared before me the undersigned deponent, who being duly sworn, deposes and says on oath as follows:

That the following described property was owned by _____ at the time of the sale of said property for delinquent taxes, to wit: all that tract or parcel of land located in Athens-Clarke County, Georgia, with current address _____, as more particularly described in Deed Book _____, Page _____, Plat Book _____, Page _____, as recorded in the Records of the Clerk of Superior Court of Athens-Clarke County, Georgia, this being the same property that was sold for delinquent taxes on _____. Said tax deed recorded

(Date)

in Deed Book _____, Page _____, in the records of the Clerk of Superior Court of Athens-Clarke County, Georgia.

That at the time of said above tax sale (check one):

there were no outstanding security deeds, liens or other encumbrances existing on said property; or

the only outstanding security deeds, liens, or encumbrances existing on said property on the date of the tax sale are listed below:

<u>Name of Lienholder</u>	<u>Address of Lienholder</u>	<u>Amount of Lien</u>
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That deponent is entitled to receive _____ % of any sums in excess of those required to satisfy said liens and the Athens-Clarke County Tax Commissioner by virtue of said tax sale, as shown by the certificate of title to said real estate attached hereto. (The attachment must be from an attorney authorized to practice law in the State of Georgia.)

That deponent hereby agrees to forever indemnify and hold harmless the Unified Government of Athens-Clarke County, Georgia, its agents and employees, from any claims against the same excess proceeds of said above-described tax sale.

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

Notary Public

My Commission expires: _____
[NOTARY SEAL]

(SEAL)
Signature of Deponent

Please print _____
Name of Deponent

Please print _____
Deponent's Address

III. AFFADAVIT

IMPORTANT

CERTIFICATE OF TITLE: PLEASE ATTACH A CERTIFICATE OF TITLE FOR THE PROPERTY AS OF THE DATE OF THE SALE FOR TAX PURPOSES. THIS CERTIFICATE OF TITLE WILL REQUIRE AN ATTORNEY'S ASSISTANCE TO PREPARE.

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TO BE SIGNED BY THE APPLICANT

I, _____, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for receipt of excess proceeds is true and correct to the best of my knowledge.

Print Full Name as Signed Below

Signature of Applicant

Date

Sworn to and subscribed before me this

day of _____, 20___.

Notary Public [NOTARY SEAL]

My Commission expires: _____

Application and documents should be sent to:
Delinquent Tax Dept./Excess Funds
Athens-Clarke County Tax Commissioner's Office
P.O. Box 1768
Athens, GA 30603