

TREASURER AND TAX COLLECTOR

Donna Riley Treasurer and Tax Collector

PO Box 859, Modesto, CA 95353 1010th Street, Ste 2500, Modesto, CA 95354 Phone: 209-525-6388 Fax: 209-525-4347

CLAIM FOR EXCESS PROCEEDS

	<u></u>	OLOGI ROGELDO		
Date of Sale:		Assessor's Parcel No. (APN):		
Date Deed to Purchaser Recorded:		Assessee:		
Claim must be postmarked by:		Situs Address:		
I, the undersigned claimant, referenced property.	request that I be awarded	I the excess proceeds	resulting from the sale of the above	
I claim my status as a party based upon my interest in the			lifornia Revenue and Taxation Code	
Lienholder of Record		Owner of Record		
Qualified Heir(s)		Assignee of a Party of Interest		
I understand that if the sup	porting documents are	not submitted by me	with this claim form, my claim will	
<u>be denied.</u>				
Amount Claimed by me: \$_		<u></u>		
I affirm, under penalty of perj	ury, that the foregoing is tr	rue and correct to the l	pest of my knowledge.	
Executed this day of _	, 20 a	t		
(day)	(month) (year)	(city/state)		
Signature of Claimant		Street Address		
Print Name		City/State/Zip	City/State/Zip	
Day time Phone No.		Email		
A notary public or other officer completing truthfulness, accuracy, or validity of the do		of the individual who signed the o	document to which this certificate is attached, and not the	
STATE OF)			
COUNTY OF)			
On,			, personally appeared	
	ed to the within instrument city(ies), and that by his/her	and acknowledged to r /their signature(s) on th	tisfactory evidence to be the person(s) me that he/she/they executed the same e instrument the person(s), or the entity	
I certify under PENALTY OF Pocorrect.	ERJURY under the laws of	the State of California t	hat the foregoing paragraph is true and	
WITNESS my hand and official	l seal.			
			N. G.	
			Notary Signature	