



County of Shasta
LORI J. SCOTT
Treasurer-Tax Collector
 1450 Court Street, Room 227
 Redding, CA 96001
 Telephone: (530) 225-5511

CLAIM FOR EXCESS PROCEEDS

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

Parcel Number: _____ Assessee: _____

Property Situs: _____
Address of property (if any)

Date of Tax Sale: February 26, 2016 Date Tax Deed Recorded: March 10, 2016

I UNDERSTAND THAT THE FINAL DATE TO SUBMIT A CLAIM IS: **FRIDAY, MARCH 10, 2017** AND CLAIMS NOT RECEIVED BY THE TAX COLLECTOR BY THAT DATE WILL NOT BE ACCEPTED.

I claim excess proceeds under Revenue and Taxation Code §4675 in the amount of \$ _____ or _____ % per cent of available proceeds based upon my interest in the above described property as a:

- Lienholder of Record
- Owner of Record
- Qualified Heir
- Assignee of a Party of Interest

Documentation proving my right to excess proceeds and the amount of my claim/percentage is enclosed.

I affirm under penalty of perjury that the foregoing and all enclosures are true and correct to the best of my knowledge.

 Name of Claimant (typed or printed)

 Signature of Claimant

Daytime Phone: _____

Subscribed and sworn to before me on this ____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Mailing Address of Claimant:

 Signature of Notary Public

Mail completed forms to:

Lori J. Scott
 Tax Collector
 Attn: Excess Proceeds
 P.O. Box 991830
 Redding, CA 96099

INSTRUCTIONS ON REVERSE SIDE OF THIS CLAIM FORM

INSTRUCTIONS FOR FILING CLAIM

- Claimants **must** submit claims for excess proceeds according to the enclosed “County of Shasta Policy Regarding the Submission of Claims for Excess Proceeds.”
 - Approved by Shasta County Board of Supervisors November 4, 2014
 - Effective February 1, 2015
- Claimants **must** use the Excess Proceeds Claim Form developed by the Shasta County Treasurer-Tax Collector.
 - Failure to provide any information required on the Excess Proceeds Claim Form will result in denial of the claim.
- The Excess Proceeds Claim Form and The County of Shasta Policy Regarding the Submission of Claims for Excess Proceeds can be downloaded from our website at:
 - http://www.co.shasta.ca.us/index/tc_index/tax_auction.aspx
- If your claim is approved, One (1) disbursement check will be issued to the claimant named on the front of this form and mailed to the address noted.
- Claims in which multiple claimants file one joint claim will receive one (1) disbursement check issued to the claimant named on the front of this form and mailed to the address noted.
 - If a disbursement check is requested for each claimant noted in the joint claim a thirty-five dollar (\$35) fee will be charged for each additional disbursement check issued. This fee will be deducted from the available excess proceeds. Supporting documents must justify this request.
 - Fill out the form below if additional disbursement checks are requested
 - Be sure the total of all disbursement checks add up to the same total amount being claimed as noted on the front of this form.

READ ENCLOSED
“County of Shasta Policy Regarding the Submission of Claims for Excess Proceeds”
COMPLETELY BEFORE SUBMITTING A CLAIM

DISBURSEMENT CHECK REQUEST FORM - JOINT CLAIM FOR MULTIPLE CLAIMANTS

CLAIMANT ONE Same person named on front of form (main contact person)	AMOUNT (PORTION) FOR THIS CLAIMANT	\$ or %
NAME		
MAILING ADDRESS		
DAYTIME PHONE	(No additional \$35 fee for the first check)	

CLAIMANT TWO	AMOUNT (PORTION FOR THIS CLAIMANT)	\$ or %
NAME		
MAILING ADDRESS		
DAYTIME PHONE	(Additional \$35 fee charged)	

CLAIMANT THREE	AMOUNT (PORTION FOR THIS CLAIMANT)	\$ or %
NAME		
MAILING ADDRESS		
DAYTIME PHONE	(Additional \$35 fee charged)	