



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:

Assessor's Parcel Number (APN): _____
Assessee: _____
Property Situs Address (if any): _____

Date of Tax Sale: February 28, 2020 Date Tax Deed Recorded: March 3, 2020

I UNDERSTAND THAT THE FINAL DATE TO SUBMIT A CLAIM IS: **Wednesday March 3, 2021** 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 (type or print)

 Signature of Claimant

Mailing Address of Claimant:

Daytime Phone: _____

Mail or hand deliver completed forms to:

Shasta County Tax Collector
 Attn: Excess Proceeds
 1450 Court Street, Room 227
 Redding CA 96001

- 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 on the front of this form.
- Claims in which **multiple claimants** file one joint claim (must share same supporting documents) will be issued one disbursement check unless "Separate Checks Request Form" is completed on the back of this form.
- **Notarize back of form: Required for ALL claims**

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

SEPARATE CHECKS REQUEST FORM

↓ **FOR MULTIPLE CLAIMANTS (Joint Claim) ONLY** ↓

- If a disbursement check is requested for each claimant noted in the joint claim a \$35.00 fee will be charged for each additional disbursement check issued. This fee will be deducted from the available excess proceeds.
- **Fill out the form below ONLY if additional disbursement checks are requested for a JOINT CLAIM.**
- 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.

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)	

NOTARY ACKNOWLEDGMENT – Required for ALL claims

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.

STATE OF CALIFORNIA

County of _____ } §

On _____, before me, _____, **Notary Public**, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

SIGNATURE OF NOTARY

(Notary Seal)