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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:	(Please file a separate claim for each parcel sold)
Date of Tax Sale:	Date Tax Deed Recorded:
I UNDERSTAND THAT THE FINAL DATE TO SUBMIT RECEIVED BY THE AUDITOR BY THAT DATE WILL I	A CLAIM IS:AND CLAIMS NOT NOT BE ACCEPTED.
I claim excess proceeds under Revenue and Taxation	Code §4675 in the amount of \$ororororon my interest in the above described property as a:
Lienholder of Record Owner of Record Qualified Heir (Requires Affidavit Per F Assignee of a Party of Interest	Probate Code Sec. 13100)
Documentation proving my right to excess pro-	ceeds and the amount of my claim/percentage is enclosed.
I affirm under penalty of perjury that the foregoing and a	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: Mendocino County Auditor-Controller 501 Low Gap Road, Room 1080 Ukiah, CA 95482	