**Official Claim for Excess Funds**

Claimant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_ Map and Parcel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ Tax Sale Date: \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Appropriate Box: Lien Holder Property Owner Executor of Estate

The person listed above being sworn on oath, deposes and says as follows:

1. This affidavit is being made and delivered to the Tax Commissioner of Cherokee County,

Georgia as an inducement to cause said Tax Commissioner to pay over to the Affiant excess

Funds received in connection with the tax sale.

1. That the claimant was either the recorded title holder and owner of the property or the lien holder or the executor of the estate.
2. If you are the homeowner you are affirming that there are no liens, mortgages, deeds to secure debt, federal taxes, state taxes of any kind, pledges or other claims of any type, kin or variety against said property.
3. That claimant has not transferred, conveyed or encumbered any of its rights or interest in the property described herein.

 Signature of Affiant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name and Title of Affiant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Lien holders must submit a copy of their filed lien, along with a current statement showing the balance currently owed.
* If an executor is filing a claim please submit all supporting documents.