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INSTRUCTIONS: You may fill out this form online, then print and mail it, or print the blank form and fill it out by hand.

**MAIL COMPLETED FORM TO:**

**NEVADA COUNTY**  
**Treasurer and Tax Collector**  
950 Maidu Avenue  
P. O. Box 128  
Nevada City, CA 95959-0128  
(530) 265-1285

# County of Nevada

## CLAIM FOR EXCESS PROCEEDS

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

APN: \_\_\_\_\_ Last Assessee: \_\_\_\_\_

Property Situs/Address: \_\_\_\_\_

Date of Tax Sale: \_\_\_\_\_ Date Tax Deed Recorded: \_\_\_\_\_

I UNDERSTAND THAT THE FINAL DATE TO SUBMIT A CLAIM IS: **One year from the date of the Tax Deed Recording** AND CLAIMS NOT RECEIVED BY THE TAX COLLECTOR ON OR BEFORE THAT DATE WILL NOT BE ACCEPTED.

I claim excess proceeds under Revenue and Taxation Code §4675 based upon my interest in the above described property as a:

- Lienholder of Record
- Owner of Record
- Qualified Heir(s) of Owner of Record
- Assignee of a Party of Interest

Documentation proving my right to excess proceeds is enclosed.

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

\_\_\_\_\_  
Social Security/Taxpayer Identification No.

\_\_\_\_\_  
Name of Claimant (type or print)

Daytime phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and affirmed to before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Notary Public

(Notary Seal)