

CLAIM FOR TAX SALE OVERAGE

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Tax Sale Year: _____ Item Number: _____ Tax Map Number: _____

Name of Defaulting Taxpayer

Location of Property

Owner(s) of Record Prior to End of Redemption Period:

Name Address

Name Address

Mortgage or Lien Holder(s) of Record Prior to End of Redemption Period:

Name Address

Name Address

STATE OF SOUTH CAROLINA
COUNTY OF LAURENS

PERSONALLY appeared the undersigned, who being sworn, say (s) that this claim is pursuant to Section 12-51-130 for the overage produced by a delinquent tax sale. The tax sale is described in the deed from the Tax Collector to the highest bidder, recorded in Deed Book _____, Page _____, in the Register of Deeds Office for Laurens County, a copy of which is attached to this claim. The amount over the full amount due in taxes, assessments, penalties and costs, produced by the tax sale as shown by the Tax Collector at the bottom of this claim form is the amount lawfully owing to the undersigned. A copy of the deed or of the probate conveyance sheet showing the ownership in the undersigned is attached to verify to whom the refund check should be made payable. The undersigned has been authorized to receive the refund check on behalf of all. The undersigned indemnifies and holds Laurens County, its agents and employees harmless against claims by any other persons for such overage and waives all causes of action against the County, its agents or employees, arising out of the tax sale. The undersigned attaches a copy of the Social Security card of the undersigned and such other identification, as the Tax Collector shall request.

Signature of Claimant 1 Claimant 1 (Printed)

Signature of Claimant 2 Claimant 2 (Printed)

SWORN to before me this _____ day of _____, 20 ____.

(SEAL)

Notary Public for the State of _____

My Commission Expires: _____

For Delinquent Tax Office Use Only:

Overage Amount: \$ _____ Check Date: _____ Check Number: _____

Check made payable to: _____

The following documents are attached: _____ Comments: _____

_____ Deed from Tax Collector to Successful Bidder
_____ Deed by which Claimant(s) Acquired Property
_____ Social Security Card(s) of ALL Claimants
_____ Picture ID of ALL Claimants