

## Sheila C. Arnold Tax Commissioner

## **Official Claim for Excess Funds**

Claimant Name:	Map & Parcel Number:
Address:	Tax Sale Date:
	Sale Amount: \$
Check Appropriate Box: Lien Holder	Property Owner Executor of Estate
The person listed above being sworn on oath,	deposes and says as follows:
	vered to the Tax Commissioner of Oglethorpe County, id Tax Commissioner to pay over to the Affiant excess tax sale.
2. That the claimant was either the reco executor of the estate.	orded title holder and owner of the property or the lien holder or the
	firming that there are no liens, mortgages, deeds to secure debt, pledges or other claims of any type, kin or variety against said
4. That claimant has not transferred, condescribed herein.	nveyed or encumbered any of its rights or interest in the property
Signa	ature of Affiant:
Print	ed Name and Title of Affiant:
• Show a valid form of identification (I	Driver License or Passport)

Lien holders must submit a copy of their filed lien, along with a current statement showing the

If an executor is filing a claim please submit all supporting documents.

balance currently owed.