



Claim for Excess Proceeds from Sale of Tax Deed Property Pursuant to Idaho Code Section 31-808

The undersigned Affiant, being duly sworn under oath, hereby deposes and says:

1. My full name is _____ (*first name / middle initial / last name*).

2. My current contact information is as follows:

Company Name _____

Mailing Address: _____

Phone number: _____

Email address: _____

3. I am over the age of 18 years, I make this affidavit voluntarily, and I am competent to testify concerning the matters stated herein based upon my personal knowledge.

4. I am filing this claim (*check one*)

in my individual capacity

in my official/business capacity on behalf of _____

5. I hereby affirm that I am (*check one*)

an owner of record

party in interest

of the property legally described as:

(hereinafter "subject property").

6. I acquired my interest in the subject property on _____ (*month/day/year*).

7. **I have attached documentation of my interest in subject property to this form.**

8. On _____ (*month/day/year*), _____ county (hereinafter "County") sold the subject property at a tax deed auction for non-payment of taxes.

9. (Check one and fill out accordingly)

I have not assigned any of my interests in the subject property to any other person or entity.

I have assigned my interests in the subject property to the following person / entity:

Name: _____

Company: _____

Street address: _____

City, State, Zip: _____

Phone number: _____

Email address: _____

10. I request that the excess funds in the amount of \$_____ be disbursed directly to me pursuant to Idaho Code 31-808.

11. I will notify the County in writing if I assign any of my interests in the subject property.

Signature of owner of record / party in interest

Printed name of owner of record / party in interest

STATE OF _____)
) ss
County of _____)

On this _____ day of _____, 22_____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and sworn upon oath and under the penalty of perjury to me that the statements herein are true and accurate, and that she/he executed the same.

In witness whereof, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public of _____ (state)
Residing at _____
My Commission Expires _____

Return Form & Documentation to:
Shoshone County Board of Commissioners
700 Bank Street, Suite 120
Wallace, ID 83873
(208) 752-3331