ALISHA MCMURTRIE TREASURER-TAX COLLECTOR

(P) 760-878-0312 (F) 760-878-0311 inyottc@inyocounty.us



CAROLYNN PHILLIPS
ASSISTANT TREASURERTAX COLLECTOR

ROBERT MENDOZA OFFICE TECHNICIAN II

COUNTY OF INYO TREASURER-TAX COLLECTOR

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

Pursuant to California Revenue and Taxation Code § 4675

To:	Inyo County Treasurer-Tax Collector	Parcel Number:
Re:	Tax Sale	Amount of Claim: \$
		Sale Date:
		Deed Recorded:
I, the u	indersigned claimant, request that I be awarded the exc	ess proceeds resulting from the sale of property referred above.
followi	ng information and documentation (i.e. Grant Deed, C Code § 4675):	I am a rightful claimant and base my status as right to file a claim on the Quitclaim Deed, Deed of Trust, Assignment, Lien, Abstract of Judgment, etc.)
I affirm under penalty of perjury that the foregoing, and attached supporting documents are true and correct.		
Date		Street Address:
		Mailing Address:
Signa	ture of Claimant and capacity	
D.:.	NT.	Telephone Number:
Print	Name	
	ary public or other officer completing this certificate verifies only the e truthfulness, accuracy, or validity of that document.	e identity of the individual who signed the document, to which this certificate is attached, and
	E OF TTY OF	
On,	, before me,	, personally appeared
author	is/are subscribed to the within instrument and a	proved to me on the basis of satisfactory evidence to be the person(s) whose cknowledged to me that he/she/they executed the same in his/her/their (s) on the instrument the person(s), or the entity upon behalf of which the
I certif	y under PENALTY OF PERJURY under the laws of t	the State of California that the foregoing paragraph is true and correct.
WITN	ESS my hand and official seal.	Notary Seal
Notary	Signature	