

## **County of Orange** Office of the Treasurer-Tax Collector Shari L. Freidenrich, CPA, CCMT, CPFA, ACPFIM P.O. Box 4515

Santa Ana, CA 92702-4515

CLAIM FOR EXCESS PROCEEDS		
Auction Number:		Auction Date:
Claimant Name:		
Party of Interest Name:		
Address:		
City:	State:	Zip:
E-Mail:		SS#/TIN:
Phone:		
I claim excess proceeds under Revenue and Taxation Code Section §4675 as the last assessee or representative thereof or a lienholder of record. <b>Documentation that supports my claim is enclosed.</b> I understand that this claim form must be postmarked within one year of the deed recording date listed below and that claims submitted more than one year after this date will not be accepted per state law. I hereby certify that I am a party of interest or representative thereof in the following parcel:		
Parcel No.: Assessee Name:		
Property Address:		
Deed Recording Date:	Amou	nt of Claim: \$
		(If claim is assigned form must be notarized)
CERT	TIFICATION OF CI	LAIMANT
County of Orange, its elected and appointed	officials, officers and	f the undersigned, agree to indemnify and hold the d employees harmless from and against all claims, costs of any nature arising from or related to the d.
		is claim is true and correct, and of my own personal to the unclaimed funds set forth in this claim or have
Please initial as appropriate: Form Completed by	y Party of Interest:	Form Completed by Assignee:
Signature of Claimant:		Date:

## **Public Records Act Request for Holders of Unclaimed Funds**

Please be advised that the Office of the Treasurer Tax Collector may, from time to time, receive requests from members of the public for a list of individuals who are eligible to receive unclaimed funds from the County. This list may contain names and contact information. These lists are public records within the meaning of the Public Records Act and thus must be disclosed. The Office of the Treasurer-Tax Collector is not required to notify the individuals listed that it is releasing this information.