



## **Linn County Real Property Surplus Funds Claim Form**

Please complete all sections of this application accurately and provide all required documentation to support your claim for surplus funds.

### **APPLICATION**

1. Linn County Property Management will not accept applications from third parties, other than from attorneys licensed to practice law in Oregon. Property Management does not recognize applications from asset recovery firms or non-attorneys who purport to represent claimants. **A licensed attorney should submit a written, notarized statement from the claimant authorizing the attorney to act on the claimant's behalf.**
2. Incomplete or illegible applications will not be considered.
3. If there is more than one claimant for the property a separate claim for surplus funds will need to be submitted.
4. The following information is required from the claimant: full name, current physical address, telephone number, copy of State issued Driver's License, State issued ID or passport, completed W-9 form and percent ownership of the property at the time of foreclosure. US Post Office boxes are not acceptable physical addresses. Applications without physical addresses will not be accepted.
5. In the event of a dispute between two or more claimants regarding surplus funds, or in other situations where Property Management deems it necessary, Property Management may interplead funds to Linn County Circuit Court in Oregon. See Oregon Rules of Civil Procedure 31.
6. Please provide supporting documentation stating why applicant is entitled to surplus funds. Also include certified supporting documents to verify your claim (e.g., deed, death certificate, court order). If you are claiming as an heir, provide a properly completed Affidavit pursuant to Probate laws and a notarized verification of proof of identity and the percentage of the claim you are owed. Property Management will only release surplus proceeds to a legitimate claimant or claimant's attorney.
7. Claims will be processed 180 days after receipt by Property Management.



**THIS APPLICATION MUST BE NOTARIZED BY A NOTARY PUBLIC BEFORE SUBMITTING.**

**Section 1: Property Details**

Parcel No.: \_\_\_\_\_ Map & Taxlot: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Auction Date/Date of Sale: \_\_\_\_\_

**Section 2: Claimant Information**

By submitting this form, I claim surplus proceeds for the sale of the above referenced tax foreclosed property in the amount of \$\_\_\_\_\_ or \_\_\_ percent (%) of available proceeds based upon my interest in the described property as a:

- Owner of Record
- Qualified Heir
- Assignee or Party of Interest
- Lien holder

Claimant's Full Name(s): \_\_\_\_\_

Claimant's Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Claimant's Mailing Address:  Check if same as physical address

Claimant's Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Claimant's Phone Number: \_\_\_\_\_

Claimant's Email Address: \_\_\_\_\_

Driver License State and No.: \_\_\_\_\_

Provide Copy Front & Back of Driver's License, State ID or Passport Expired photo identification will not be accepted.



**Section 2: Claimant Information (continued):**

Were you the sole owner of the property listed above at the time of foreclosure?

Yes No

If not, please provide a claim form, or notarized statement, for all additional owners releasing their portion of the surplus funds and waiving rights to future claims. Statements must include copies of approved identification.

**If a Claimant has authorized an attorney to make a claim on their behalf, the claimant must submit notarized documentation naming and authorizing the attorney to act on their behalf. If claimant is requesting a check be made payable to their attorney, please provide the following information:**

Attorney's Full Name: \_\_\_\_\_

Attorney's Bar Number: \_\_\_\_\_

Attorney's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_

Attorney's Email Address: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_



**Section 3: Documentation Checklist**

Please attach the following documents to support your claim:

Required for all claimants:

- ✓ Copies of Front & Back of Photo Identification – State issued driver’s license, state issued identification or US Passport.
- ✓ Proof of Claimants Interest in the Property - Attach copies or original documents to verify your claim.
  - Acceptable documentation includes:
    - Original or certified copy of recorded deed at time of claimant's purchase
    - Assignments
    - Original promissory note
    - Executed probated will or Trust documents if applicable (Heir to Owner of Record)
    - Court Orders or Judgments Related to the Surplus Funds (if applicable).

Linn County reserves the right to ask for additional supporting documentation as needed to confirm statements made on this claim form.

**Section 4: Claim Statement**

Please provide a detailed statement explaining the basis of your claim and why you believe you are entitled to the surplus funds. Include any relevant facts, evidence, or legal arguments to support your claim. You may continue explanation on a separate page if needed.

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**Section 5: Release and Indemnification Agreement to be signed by each claimant – Notary Required.**

Personally appeared before me the undersigned deponent, who being duly sworn, says on oath as follows:

That the following property was owned by \_\_\_\_\_ at the time the foreclosure proceedings commenced in Linn County Circuit Court, to wit: the tract or parcel of land located in Linn County, Oregon with the current address, \_\_\_\_\_, and parcel no., \_\_\_\_\_, as recorded in the records of the Clerk of Linn County, Oregon as being the same property that was sold for delinquent taxes on \_\_\_\_\_.

The undersigned further states:

- The surplus funds are due to the undersigned and there are no other rightful claimants to the proceeds (no other owner of record at the time of the foreclosure lawsuit was filed).
- The undersigned is requesting a check made payable to the party who held title on the date the foreclosure lawsuit was filed and to be sent to the address provided below or to their attorney as listed below.
- The undersigned will provide photo identification, proof of ownership and supporting documentation **as listed in Section 3 - Documentation Checklist**.
- The undersigned acknowledges that it will take up to 180 days to process the claim once Property Management receives it and the payment will be issued after 180 days.
- The undersigned agrees to indemnify and hold harmless Linn County, its officers, directors, employees, agents, and affiliated entities from and against all claims, damages, liabilities, costs, and expenses, including but not limited to attorney fees, arising out of or relating to real property surplus funds.
- The Claimant acknowledges that this indemnification constitutes a full and final settlement of all rights or claims that may exist or arise through the date of this agreement regarding the subject matter of indemnification. Linn County shall have no obligation to make further payments or satisfy any additional claims arising from the same event, condition, or circumstance.
- The Claimant waives any further rights to pursue any additional claims, suits, demands, or causes of action against Linn County, its successors, agents, or assigns, relating to real property surplus funds.



**LINN COUNTY PROPERTY MANAGEMENT**

104 SW 4<sup>th</sup> Avenue, Room 123 Albany, Oregon 97321

Phone: (541) 967-3807

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By completing and signing this form, I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that any false statements or omissions may result in the denial of my claim.

**PLEASE PRINT OR TYPE**

Claimant's Name: \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AND (If there is an attorney)**

Attorney's Name: \_\_\_\_\_

Signature of Attorney: \_\_\_\_\_

Date: \_\_\_\_\_

State of Oregon    )  
                                  ) ss.  
County of Linn     )

This instrument was acknowledged before me on (date) \_\_\_\_\_, 20 \_\_\_\_\_

by (name(s)) of individual(s) \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Oregon  
My Commission expires: \_\_\_\_\_



## LINN COUNTY PROPERTY MANAGEMENT

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### **Section 6: Submission**

Please submit the completed claim form and all required documentation to the following address:

#### **Linn County Property Management**

104 4<sup>th</sup> Ave SW, Room 123

Albany, OR 97321

Alternatively, you may email the completed form and attachments to Rachel Adamec at [radamec@co.linn.or.us](mailto:radamec@co.linn.or.us)

Thank you for submitting your claim for surplus funds. We will review your submission and communicate any further steps or requirements.



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**Section 7: Surplus Funds Computation**

(to be completed by County Staff)

		<u>Staff Initial</u>
Sale Amount:	\$ _____	_____
Back Taxes Owed:	\$ _____	_____
Interest:	\$ _____	_____
Liens:	\$ _____	_____
Fees & Penalties:	\$ _____	_____
Maintenance Costs:	\$ _____	_____
Legal Expenses:	\$ _____	_____
<b>SURPLUS PROCEEDS:</b>	<b>\$ _____</b>	_____