



COUNTY OF EL DORADO

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY California Revenue and Taxation Code Section 4675

CLAIM FROM OWNER OF RECORD

The undersigned Owner of Record claims Excess Proceeds pursuant to California Revenue and Taxation Code §4675. Claims must be filed within one year following the recordation of the Tax Collector's Tax Deed to the purchaser.

If the property had multiple Owners of Record, complete a separate Claim for each Owner of Record (multiple Claims may be submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 025-404-00400	Default #: 093402	Date of Tax Sale: 11/2/2018	Date Tax Deed to Purchaser Recorded: Jan/17/2019
Type of Owner: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Trust <input type="checkbox"/> Business, Corporation, Partnership, Association, etc. <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Other: _____		Owner's Type of Ownership: <i>(Eligibility is limited to the percentage of each owner's ownership)</i> <input type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 50 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 1646.54	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> LIA N. PARMA			

Attach documentation to support the Claim. Documentation may include property tax bills/notices mailed to Claimant, cancelled checks, escrow documents, a will, certified death certificate or court order, utility bills, etc. See instructions.

I affirm under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct. I submit an originally signed and notarized Claim. *See instructions for how to sign the Claim.*

Executed this 27 day of August, 2021 at IRVINE, CA.
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Lia N. Parma

Print Name & Title: LIA N. PARMA Phone Number: _____

Mailing Address: 1190 SPECTRUM, IRVINE, CA. 92618

Notary: (A notary public verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.)

State of _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____),
 by _____, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

Signature _____ (Seal)