L DORADO COUNTY	Treasurer and Tax Collecto
	C. L. Raffety, C.P.A.
	360 Fair Lane, Placerville, Calif. 9566 Tax Collector (530) 621-5800
CLAIM FOR EXCESS PROCEEDS FROM THE	SALE OF TAX DEFAULTED PROPERTY
Mail to: El Dorado County Auditor-Controller Property Tax Division - Attn: Excess Proce 360 Fair Lane Placerville CA 95667	eeds
Assessor Parcel Number: <u>074-266-25-106</u>	Default Number: 098929
Date of Tax Sale: 11/1/3	Amount Claimed: \$ 1/2, 525.34
I, the undersigned claimant, request an award from the above-referenced property. I am filing this claim within Collector's Tax Deed to purchaser.	
claim my status as a party of interest pursuant to §467 Code (R&T Code). I hereby state that I am a rightful cl	
Lienholder of record prior to recording of tax de	
 Lienholder of record prior to recording of tax de Assignee of a lienholder of record prior to record 	eed to purchaser.
·	eed to purchaser. ding of tax deed to purchaser.
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If so, list *percentage of ownership* for each claimant to this claim (attach additional list of names, as necessary):

Claimant 1 Name:	Percentage of Ownership:	%
Claimant 2 Name:	Percentage of Ownership	%

I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 342-2003. (Enclose copies of supporting documentation):

Copy of claimant's trust deed or other evidence of lien or security interest. Included is information regarding:

- the original amount of the lien or interest
- the total amount of payments received reducing the original amount of the lien or interest
- the amount still due and payable as of the date of the sale of the tax-defaulted property by the Tax Collector (including a schedule of any calculations)
 - any attempts to foreclose or collect on the loan

Deeds

- □ Wills and/or death certificate(s)
- \Box Court order(s)
- Escrow documents
- Property tax bills mailed to claimant
- □ Canceled checks showing payment of taxes
- Other (please list): _____

If this claim is an assignment, additional items need to be submitted with this claim. All assignment documentation submitted must be originals. Please review R&T Code §4675 and El Dorado County Resolution 342-2003 for further details.

I affirm under penalty of perjury that the foregoing is true and correct.

Executed this day			Sacramato (a
(day)	$\int (month) \nabla$	(year)	(city and state)	
Signature of Claimant(s):	Delivet	Baut	4	
(If more than one claimant	t, each must sign)	(Claimant s	signature(s) must be notar	ized)
Print Name(s):	Deborah	Barrett	·	
Daytime Phone Number:	916 845-	430)		
Mailing Address:	POBOX Z	950		······
Mailing City, State, Zip:	Sacrament	2 Ca 958	712	

Notary: Attach notary statement(s)

TC13C.doc (05/2009)

Page 2 of 2

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