## **GREENVILLE COUNTY CLAIM FOR TAX SALE OVERAGE**

## PLEASE PROVIDE THE FOLLOWING INFORMATION:

MAP REFERENCE NUMBER:
YEAR OF SALE:
PHYSICAL LOCATION OF PROPERTY:
NAME OF DEFAULTING TAXPAYER(S):
NAME OF OWNER(S) AT END OF REDEMPTION PERIOD:
MAILING ADDRESS OF OWNER(S) CLAIMING OVERBID:
NAME AND ADDRESS OF ANY MORTGAGE OR LIEN HOLDER(S):
STATE OF
COUNTY OF
PERSONALLY appeared the undersigned, who being sworn, says that this claim is pursuant to Section 12-51-130 for the overage produced by a delinquent tax sale. The tax sale is described in the deed from the Tax Collector to the highest bidder, recorded in Deed Book, Page, Register of Deeds Office for Greenville County, a copy of which is attached to this claim. The amount over the full amount due in taxes, assessments, penalties and costs, produced by the tax sale as shown by the Tax Collector at the bottom of this claim form is the amount lawfully owing to the undersigned. A copy of the deed or of the probate conveyance sheet showing the ownership in the undersigned is attached to verify to whom the refund check should be made payable. The undersigned has been authorized to receive the refund check on behalf of all. The undersigned indemnifies and holds Greenville County, its agents and employees harmless against claims by any other persons for such overage and waives all causes of action against the County, its agents or employees, arising out of the tax sale. The undersigned attaches a copy of the Social Security card of the undersigned and such other identification as the Tax Collector shall request.
Signature: Name (Printed)
Signature:
SWORN to before me this day of, 20
(L.S.)
Notary Public for the State of
My Commission Expires:
*** FOR COUNTY USE ONLY ***
I verify the amount overage (the cash produced in excess of the full amount of taxes, assessments, penalties and costs) as \$ This overage is payable to the owner of record immediately before the end of the redemption period in accordance with Code Section 12-51-130. I further verify that all required documents were received/are attached.
Signed: Date:, 20  Delinquent Tax Collector Division
Approved By: Date:, 20 County Tax Collector/Agent
RETURNED ON: ID: