



Deschutes County Real Property Surplus Funds Claim Application

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

APPLICATION

1. Applications to claim surplus funds will be accepted from a legitimate claimant or the claimant's attorney. **Deschutes County Property Management Division (Division) will not accept applications from third parties, other than from attorneys licensed to practice law in Oregon.** The Division 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 for each claimant along with this application. Applications that fail to provide Claim Applications from all claimants will be deemed incomplete.
4. The following information is required from the claimant:
 - Full name
 - Current physical address (US Post Office boxes are not acceptable physical addresses. Applications without physical addresses will not be accepted.)
 - Current mailing address
 - Telephone number
 - Email address
 - Copy of State issued Driver's License, State issued ID or passport
 - Completed W-9 and County-required vendor forms (Every Claimant, or their Representative, who seeks payment from the County shall submit a W-9 and County-required vendor form.)
 - Percent ownership of the property at the time County took deed to the property.
5. In the event of a dispute between two or more claimants regarding surplus funds, or in other situations where the Division deems it necessary, the Division may interplead funds to Deschutes County Circuit Court in Oregon. See Oregon Rules of Civil Procedure 31.
6. Please provide supporting documentation stating why Claimant is entitled to surplus funds. Also include original 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. The Division will only release surplus proceeds to a legitimate claimant or claimant's attorney.
7. Upon submittal of the Claim Application and the required documentation from claimant(s) as outlined in this document, claims will be processed within 90 days after receipt by the Division. Deschutes County reserves the right to extend the 90-day period by notifying the claimant in writing to the mailing address in Section 2 below.

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

Section 1: Property Details

Map and Tax Lot No.: _____

Tax Account No.: _____

Property Address: _____

City: _____ State: _____ ZIP: _____

Date County Redeemed Property: _____

Auction Date of Sale (if applicable): _____

Section 2: Claimant Information

By submitting this Claim Application, 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 cont'd:

Were you the sole owner of the property listed above at the date the County took deed?

Yes No

If not, please provide a Claim Application, 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.

List All Names and/or Entities that Owned the Property when County Redeemed Property:

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:
 - Certified copy of recorded deed at time of claimant’s purchase
 - Assignments
 - Certified copy of 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).

Deschutes County reserves the right to ask for additional supporting documentation as needed to confirm statements made on this Claim Application.

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.

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 Deschutes County Circuit Court and until deed to the property was taken by Deschutes County, to wit: the tract or parcel of land located in Deschutes County, Oregon with the current address _____, and parcel number _____, as recorded in the records of the Clerk of Deschutes County, Oregon as being the same property that was redeemed by Deschutes County, Oregon.

I declare under penalty of perjury and/or mail fraud:

- a. 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 the County redeemed the property) or the undersigned has submitted applications or waivers from all persons with an ownership interest in the property at the time the County redeemed the property.
- b. The undersigned is requesting a check made payable to the party who held title on the date the County redeemed the property and to be sent to the address provided below or to their attorney as listed below.
- c. The undersigned will provide photo identification, proof of ownership and supporting documentation **as listed in Section 3 - Documentation Checklist.**
- d. Upon submittal of the Claim Application and all required documentation from claimant(s), claims will be processed within 90 days after receipt by the Division. Deschutes County reserves the right to extend the 90-day period by notifying the claimant in writing to the mailing address listed in Section 2. Any payment to claimant(s) will be issued within 30 days following the 90-day period and any extensions. The undersigned agrees to indemnify and hold harmless Deschutes County, its officers, elected officials, directors, employees, volunteers, 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 and the distribution of these funds.
- e. 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. Deschutes County shall have no obligation to make further payments or satisfy any additional claims arising from the same event, condition, or circumstance.
- f. The Claimant waives any further rights to pursue any additional claims, suits, demands, or causes of action against Deschutes County, its successors, agents, or assigns, relating to real property surplus funds.

By completing and signing this Claim Application below, I certify that all information provided herein, including any additional prior owner attachments or other documents attached to the Claim Application, 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 and/or mail fraud.

PLEASE PRINT OR TYPE

Claimant's Signature: _____

Date: _____

AND (If there is an attorney)

Attorney's Name: _____

Signature of Attorney: _____

Date: _____

State of Oregon)

County of Deschutes)

On this _____ day of _____, before me, _____,

the undersigned Notary Public, personally appeared _____,

personally known to me, and acknowledged to me the execution of this instrument as the

_____ on behalf _____.

WITNESS my hand and official seal.

Commission expires _____

Section 6: Submission

Please submit the completed Claim Application(s) and all required documentation to the following address:

Deschutes County Property Management Division

PO Box 6005
Bend, OR 97708

Alternatively, you may email the completed Claim Application and attachments to Kristie Bollinger at Kristie.Bollinger@deschutes.org

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