ANNE ARUNDEL COUNTY
MARYLAND
Phone Number: (410) 222-1735
Hearing/Speech Impaired: 711

Anne Arundel County, Office of Finance
44 Calvert Street, Room 110
Annapolis, MD 21401

Email: taxsale@aacounty.org

Tax Sale Balance of Bid Claim Form

Part A: Property Information

Tax Account / Parcel ID Number

Property Address or Description

Name of Owner(s) at Time of Tax Sale

Last Known Address of Owner(s) at Time of Tax Sale

Part B: Claimant Information

Name of Claimant

Social Security / Tax Identification Number of Claimant

Street Address of Claimant

City, State, and Zip Code of Claimant

Daytime Telephone Number of Claimant

Email Address of Claimant

Relationship to Owner(s) at Time of Tax Sale, if not owner

Part C: Distribution of Balance of Bid

I, the undersigned claimant, understand the total Balance of Bid held by Anne Arundel County is:

I am seeking a distribution of the Balance of Bid in the amount of:

Part D: Required Documentation in Support of Claim for Balance of Bid

I, the undersigned claimant, have included the following required documents in support of my claim:

- ☐ Completed and signed original IRS form W-9.
- ☐ First form of identification (e.g., Driver's License, Passport, Social Security Card, etc.).
- ☐ Second form of identification, which is different from first form of identification.

I have also included the following additional documents in support of my claim:

- ☐ Copy of recorded deed or land document showing legal interest in the property.
- ☐ Copy of death certificate(s) for owner(s) at time of tax sale.
- ☐ Letters of administration for the estate(s) of the owner(s) at time of tax sale.
- ☐ Other (Please specify): _____

Part E: Affidavit of Claimant

Under penalties of perjury, I hereby certify that the foregoing information is true and correct. I further certify that I am entitled to the balance of bid as specified in Part C for the aforementioned property and

- ☐ I know of no other person(s) who claims to be entitled to any portion of the balance of bid.
- ☐ I am aware that the following individual(s) are also entitled to a portion of the balance of bid.

_____

Further, I agree to indemnify Anne Arundel County and its officers and employees for any loss or liability or claim whatsoever resulting from the payment of this claim.

_____
Signature

_____
Date

State of Maryland County, Anne Arundel County, to wit:

On this _____ day of _____, _____, before me, the undersigned officer, personally appeared _____ (name of person who makes acknowledgement), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she/they executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and official seal.

_____
Notary Public
My Commission Expires: _____

Place Seal Here