INFORMATION FOR CLAIMING SURPLUS FUNDS

The following documents/information *is required* evidencing ownership of the property and the identity of the claimant(s):

- **Copy of Driver License or Passport for claimant(s)**
- **Copy of Deed vesting title in claimant's name**
- **Completed W-9**
- **Claim for Surplus Funds Form - REQUIRED**
- **Claim for Surplus Funds if Original Owner is Deceased form if applicable**
- **Copy of any/all death certificates if owner(s) is deceased**
- **Copy of letter received from Auditors Office notifying you of surplus funds**
- **Form(s) must be notarized**
- **Copy of any / all wills or probate papers**

If Claimant is surviving Joint Tenant Owner, please submit a copy of the deed vesting title as joint tenant and a copy of the death certificate.

If Claimant is not the original owner, he/she is entitled to make this claim by reason of one of the following. Complete the ***Claim if Original Owner is Deceased***, form and the ***Claim for Surplus Funds*** form:

- Under assignment or transfer or acquisition (submit document evidencing such)
- As guardian, personal representative or other representative capacity (submit document evidencing such authority)
- Under decree of distribution in probate proceedings (submit certified copy of the decree)
- As beneficiary of an account opened by the depositor as trustee, who is now dead (submit certified copy of death certificate)
- As heir and survivor where there has been no will or probate of the owner's estate (or probate has been closed)

Additional documentation may be required after review of application and documents submitted.

CLAIM FOR SURPLUS FUNDS

Claimant: _____

Present Address: _____

_____

Phone Number: _____

Email Address: _____

Claim is hereby made to Iron County, for surplus funds from the May Tax Sale held on May _____, 20_____, to which I am entitled:

Name of Owner(s) as reported: _____
Previous Address(s) reported: _____
_____
_____

Sale Number: _____ Account Number: _____ Amount: $_____

STATE OF _____

COUNTY OF _____

The undersigned affiant being first duly sworn or affirms, deposes and says: That he/she is the legal claimant in the foregoing claim; that he/she has read the foregoing claim and knows the contents thereof; that the same is trust of his/her knowledge. In consideration of the receipt of the funds herein above set forth, affiant hereby agrees to be personally liable and will hold harmless the County of Iron, Utah against any and all claims and damages arising out of such disbursement of funds to the affiant.

X _____

X _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary Public
Residing at _____
Commission expires _____

IF CLAIMANT HAS CHANGED HIS/HER NAME, IS NOT THE ORIGINAL OWNER, OR IF THE ORIGINAL OWNER IS DECEASED, ADDITIONAL DOCUMENTATION AND FORMS ARE REQUIRED.

CLAIM FOR SURPLUS FUNDS
OF DECEASED ORIGINAL OWNER

Date of Death: _____
Place of Death: _____
Is there a Will: ( ) No ( ) Yes
Estate Probated: ( ) No ( ) Yes If yes, is it open ( ) closed ( )
Country _____ Probate Number _____

If claimant presents this claim as heir and survivor, complete the following:

I, _____, being first duly sworn, deposes and says that I
(Claimant)
am the surviving _____ of _____, who died at
(Relationship) (Owner)
_____ on _____, _____.
(City / Town / Country) (Month, Day) (Year)

That unclaimed property held in the amount of $ _____, listing

_____ as the owner is being held by Iron County.
(Deceased Owner)

That the decedent left surviving _____, the affiant
(Claimant)
Whose residence is _____
(Street/mailing address, City, State, Country)
and the other following blood heirs at law and relatives of the owner, living or dead:

Name	Address	Relationship to Owner	Date of Death

That the decedent has no will or the executer(s) is deceased and the estate has not been and will not be probated (or probate has been closed) and the affiant is willing to assume the responsibility of receiving the above listed funds, paying creditors and taxes if any and distributing to each heir his or her entitled share.

STATE OF _____

County of _____

The undersigned affiant being first duly sworn or affirms, deposes and says: That he/she is the legal claimant in the foregoing claim; that he/she has read the foregoing claim and knows the contents thereof; that the same is true of his/her knowledge.

X _____

X _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

_____
Notary Public

Commission expires_____

Residing at_____