

**OFFICIAL CLAIM FOR EXCESS TAX SALE FUNDS  
CITY OF DULUTH, GEORGIA**

TO: Office of the City Clerk  
Attn: Property Tax Officer  
3167 Main Street  
Duluth, GA 30096  
Phone: 770-476-3434  
Fax: 770-623-2780  
Email: taxes@duluthga.net

Date: \_\_\_\_\_

RE: Map/Tax Parcel Number: \_\_\_\_\_  
Tax Sale Date: \_\_\_\_\_

I understand that the above referenced property has been sold at a tax sale under the provisions of Georgia Code 48-4-5 for delinquent City taxes. The tax amount due was for property tax year(s) \_\_\_\_\_. The amount due was \$\_\_\_\_\_ and said property sold to \_\_\_\_\_ for \$\_\_\_\_\_, leaving excess funds in the amount of \$\_\_\_\_\_.

I hereby certify that I am entitled to all or a portion of these excess funds as one of the following: (check one)

\_\_\_\_\_ Owner/Delinquent Taxpayer

\_\_\_\_\_ Lien holder

\_\_\_\_\_ Relative or Representative of Delinquent Taxpayer  
(If Delinquent Taxpayer is deceased, please provide copy of death certificate and any applicable legal documents and information regarding the Executor of the Estate and all possible heirs.)

My contact information is as follows: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

The person listed above being sworn on oath, deposes, and says as follows in a formal request that:

I am hereby formally requesting the excess funds from the sale of the aforementioned property. I understand that if there are any lien holders on the property, they will receive first priority in the distribution of the excess funds. I also understand that if there is any question as to whom the excess funds should be paid, then the City Clerk of Duluth may turn over the excess funds to the Gwinnett Superior Court for the monies to be interpleaded to the courts for direction as to where to pay out said funds. Excess funds will be deposited in the court's registry for distribution by orders of the court.

Signature of Claimant \_\_\_\_\_

Printed name of Claimant \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

COMMENTS/NOTES: \_\_\_\_\_