

# MEMORANUM OF INSTRCUTIONS FOR THE AFFADAVIT IN SUPPORT OF CLAIM FOR EXCESS FUNDS

The purpose of this memorandum is to provide a list of documents that will be required to the disbursement of the excess funds generated from the Sheriff's sale taking cognizance of the various applicable laws and the recent decision of the Supreme Court.

#### Owner of the Property:

- 1. Notarized Affidavit in Support of Claim for excess funds.
- 2. Notarized Indemnification and Hold Harmless Agreement.
- 3. If property has been redeemed, a copy of the record Quick Claim Deed.
- 4. A fifty-year Title Examination going back from the date of sale.
- 5. Verifiable phone number and address.
- 6. Photo identification.

#### Lien Holder:

- 1. Notarized Affidavit in Support of Claim for Excess Funds.
- 2. Notarized Indemnification and Hold Harmless Agreement.
- 3. If property has been redeemed, a copy of the record Quick Claim Deed.
- 4. A fifty-year Title Examination going back from the date of sale.
- 5. Affidavit showing how much was owed at the time of the Sheriff's sale.
- 6. Copy of the deed or instrument creating the contract or indebtedness.

#### Third Party agent for:

#### A. Lien Holder:

- 1. Notarized Affidavit in Support of Claim for Excess Funds.
- 2. Notarized Indemnification and Hold Harmless Agreement.
- 3. If property has been redeemed, a copy of the record Quick Claim Deed.
- 4. A fifty-year Title Examination going back from the date of sale.
- 5. Affidavit showing how much was owed at the time of the Sheriff's sale.
- 6. Letter on the lien holder company's letter head requesting that the surplus be paid out to the agent.
- 7. Copy of the deed or instrument creating the contract or indebtedness.
- 8. Title and verifiable phone number of the lien holder's officer granting the Power of Attorney.
- 9. Notarized Power of Attorney.

#### **B. Property Owner:**

- 1. Notarized Affidavit in Support of Claim for Excess Funds.
- 2. Notarized Indemnification and Hold Harmless Agreement.
- 3. If property has been redeemed, a copy of the record Quick Claim Deed.
- 4. A fifty-year Title Examination going back from the date of sale.
- 5. Verifiable phone number and address of the owner of the property.
- 6. Notarized Power of Attorney.
- 7. Notarized letter from the owner of the property requesting surplus paid out to the agent.
- 8. Photo identification of the owner.



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#### Fi-Fa Holder:

- 1. Notarized Affidavit attesting that the applicant is the owner of the Fi-Fa, and the Fi-Fa is valid and enforceable.
- 2. The original Fi-Fa must be submitted.
- 3. A pay off calculation sheet showing how much the Fi-Fa holder is owed.
- 4. A copy of the Sheriff's Fi-Fa transfer provided to the Fi-Fa holder by the Sheriff's Office.

\*\*Please submit one additional copy with your application - Required\*\*



#### **AFFIDAVIT IN SUPPORT OF CLAIM FOR EXCESS FUNDS**

STATE OF GEORGIA	Sheriff's Sale No:
COUNTY OF HENRY	Date of Sale:
AFFIDAVIT IN SUPPORT OF C	CLAIM FOR EXCESS FUNDS
Before me, the undersigned officer (Notary Public	c), duly authorized to administer oaths,
Appeared who, after be (print name of person making Claim)	peing sworn, deposes and states under oath
as follows:	
1. I give this oath of my own free will, and I under over the age of 21, years, and I am authorized to	
2. This Affidavit is being given for presentation to support of my Claim for Excess Funds received by referenced Sheriff's sale. The real property, which Claim is described as follows: (hereinafter referred)	by the Sheriff as a result of the above- ch was sold, and which is the subject of this
Property Address:	
	, Georgia
Tax Parcel ID No.:	
3. The Claimant is the Owner or Lien holder idea	ntified below.

b. In support of this claim I have included photo identification as the owner; or as the

\_\_\_\_(Home) \_\_\_\_(Work)

a. With respect to the Property, I am the \_\_\_\_\_ (insert "Owner" or "Owner"s Representative") against whom the Sale was conducted. I may be reached as follows:

Complete either 4 or 5 (do not complete both).

Name: \_\_\_\_\_Address: \_\_\_\_\_

4.

Phone:



### **AFFIDAVIT IN SUPPORT OF CLAIM FOR EXCESS FUNDS**

owner's Representative I have included the owner's photo identification, a Power of Attorney, a valid telephone number of the owner and letter stating that I have the authority to claim the on behalf of the Owner.

5.	
<ul> <li>a. With respect to the Property, I am the</li></ul>	pe reached as follows:
Name: Address:	
Phone:	
b. The Lien Holder is owed	Lien Holder which contains letter on the company's letter
6. The Claimant (insert "hat the Property from the Purchaser at the Sheriff's Sale.	as" or "has not") redeemed
7. The Claimant is the Owner or Lien Holder authorized to rece the Sale pursuant to O.C.G.A. 48-4-5.	eive the Excess Funds from
8. There is no unsatisfied and outstanding lien, Tax lien mortgage promise, pledge, security, encumbrance, obligation, or other claim kind or description whatsoever against the Property or the Excess greater legal priority than the Claimant's right to receive the Excess	or entitlement of any type Funds which is senior to or of
9. The Claimant has not transferred, conveyed, assigned, sold, or Encumbered the Claimant's interest in the Excess Funds.	r otherwise obligate or
10. There is no lawsuit, garnishment, bankruptcy, or other judicial opending either against the Claimant or on the Claimant's behalf recesses Funds.	
11. If requested to do so (and I understand that I may be requested of this claim, I will provide the Sheriff of Henry County, or the Sher Certificate of Title for the Property.	
12. The Owner/Lien Holder understands that the Excess Funds be Equal to the total amount tendered at the Sheriff's Sale, less Fi-Fa to the Sheriff' Office, reimbursements owed to the Holder of the int	owed, reimbursements owed

being executed. The interest against the Property being executed, the Sheriff's commission, interest, penalties, as well as applicable costs, all other verifiable liens. The Claimant also



### **AFFIDAVIT IN SUPPORT OF CLAIM FOR EXCESS FUNDS**

understands that the Excess Funds will first be applied to any ad valorem taxes past due and owing by the Claimant at the time of the disbursement.

- 13. The Claimant understands that false swearing is punishable as a felony under the laws of the State of Georgia, and that this Affidavit is a sworn statement.
- 14. The Claimant understands that no legal advice is being provided by any representative of the Sheriff of Henry County. The Claimant has the right to seek legal advice from private counsel.

This Affidavit is	made this	day of		, 20
	Ву:			
	, _		Claimant	
Sworn to and subscribed before Me, this day of 20				
Notary Public				
My Commission Expires:				



### INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

STATE OF GEORGIA		Sheriff's Sale No:		
COUNTY OF HENRY		Date of Sale:		
INDEMNIFICAT	ION AND HOLD H	IARMLESS AGREEM	ENT	
Before me, the undersigned offic appeared(print name of pers	er (Notary Public), c	luly authorized to admini _who, after being sworn and states under oath	ster oaths, , deposes as follows:	
1. I give these assurances of my and that the Claimant is so bound to the matters stated herein, and	d. I am over the age	e of 21 years, and I am a		
2. This Indemnification is being in support of my Claim for Exces referenced Sheriff's Sale. The reClaim is described as follows: (he	s Funds received by eal property, which v	the Sheriff as a result or vas sold, and which is the	the above-	
Property Address:			<u> </u>	
	Georgi	a	_	
Tax Parcel ID No.	, Georgi	a	<u> </u>	
3. The Claimant is the Owner or Excess Funds, which Affidavit has contemporaneously with the sub-	as been submitted to	the Sheriff of Henry Co		
4. As further inducement for the Indemnify and Hold Harmless the Officers, Officials, Employees, Aq and all claims, whether in law, enfrom the disbursement of the Exception	e Sheriff of Henry Co gents, Representation quity or otherwise, o	ounty, Henry County, as ves, Successors, and As f whatever description, w	well as their signs, from any	
	This	day of	, 20	
	R\	<b>/</b> :		
		Claima	ant	
Sworn to and subscribed before Me, this day of,20				
Notary Public My Commission Expires:				