



## CLAIM FOR MAY TAX SALE SURPLUS

Duchesne County Treasurer  
PO Box 989  
Duchesne, UT 84021  
(435) 738-1191

For office use only

Check #  
Date  
Processor  
Phone  
Total Claim

NAME:  
ADDRESS:  
CITY, STATE, ZIP CODE:  
PROPERTY ID:

Please return this claim form along with copies of your personal identification (e.g., driver's license or picture ID). Business/Corporation claims should be returned with authorization from a corporate officer evidencing they can claim, collect, and sign on behalf of the corporation, along with the tax identification number.

If you are claiming for someone other than yourself, please provide documentation authorizing you to claim (e.g., power of attorney).

If claiming as an heir to the owner(s) listed, please provide:

- Copy of death certificate and obituary
- Current letters of administration, probate, will or certified copy of judgement declaring heir ship
- Provide proof of relationship
- Submit notarized signed agreement from all heirs

**The dollar amount shall be provided only upon proof of ownership.**

State of \_\_\_\_\_ County of \_\_\_\_\_

Under penalties of perjury, I certify that the information provided on this claim form is true, correct and all supporting documents presented are original or true unaltered copies of the original documents. Upon payment of this claim said claimant(s) will hold harmless and indemnify the Duchesne County Treasurer, and employees from any damages, claims or losses or any kind resulting from payment of the above described property to claimant(s).

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

\_\_\_\_\_  
Signature of Notary Public

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Claimant

\_\_\_\_\_  
Date

If you have any questions, call us at (435) 738-1191 or (801) 363-9029 ext. 1191. To ensure accurate information regarding your claim when calling, please reference your property ID number. Be sure to provide required signatures, notary seals and documents necessary to process your claim. Please keep a copy of all documents for your records.

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**DO NOT REMOVE ANY PAGES FROM CLAIM**