

INSTRUCTIONS FOR FILING CLAIM FOR TAX SALE OVERAGE

According to State Law, the OWNER OF RECORD IMMEDIATELY BEFORE THE END OF REDEMPTION PERIOD OF THE TAX SALE is the legal claimant of this overage.

- 1) A copy of the deed from the Tax Collector to the successful bidder at the tax sale for which the overage is claimed **must be attached to the claim form.** The deed contains necessary information to identify the property (i.e. defaulting taxpayer, map reference, etc.) and the date of the tax sale which is needed to process the claim.
- 2) A copy of the deed by which the claimant(s) acquired ownership of the property, or a copy of the real estate conveyance sheet from the Probate Court showing ownership by the Claimant(s) **must be attached to the claim form.**
- 3) Copies of the Social Security card(s) and a picture identification of the claimant **must be attached to the claim form.**
- 4) The claim form must be properly completed by filling in the following information in the blanks indicated:
 - A. Map Reference Number of the Property,
 - B. Tax Sale Item Number and Year of Tax Sale,
 - C. Physical Location of the Property,
 - D. Name of Defaulting Taxpayer,
 - E. Name and Mailing Address of Owner(s) Immediately before End of Redemption Period (The redemption period ends twelve (12) months after the Tax Sale.),
 - F. Name and Address of any Mortgage or Lien Holders on property. If none, please put "NONE" and
 - G. Deed Book and Page Number of the Tax Deed.
- 5) **The owner of record immediately before the end of redemption period of the tax sale must sign the claim form.** If there are multiple owners, *all* must sign. (Use form OV-6 if 3 or more owners.) The form must be signed before the notary public. All copies of the required Social Security card(s) and picture identification(s) of the signer(s) must be attached.
- 6) The claimant must swear before the notary public and the notary public must affix his signature, seal and the date the commission expires where indicated on the claim form.
- 7) Submit to the Delinquent Tax Office the properly completed claim form with the following attachments:
 - A. Copy of the tax deed.
 - B. Copy of the deed or probate conveyance sheet showing ownership by the claimant(s).
 - C. Copy of the Social Security card and picture ID of the claimant(s).

The County Tax Collector will verify the amount of the overage and verify the identity of the claimant(s). If there is any question about the veracity of the claimant(s), they will be required to obtain a court order to obtain the refund of the overage.

State law stipulates that the overage is "payable ninety (90) days after the execution of the deed unless a judicial action is instituted during that time by another claimant." Therefore, claims will not be paid until at least 90 days after the tax deed is recorded.

CLAIM FOR TAX SALE OVERAGE

PLEASE PROVIDE THE FOLLOWING INFORMATION:

MAP REFERENCE NUMBER:	TAX ITEM NUMBER:	YEAR OF SALE:
PHYSICAL LOCATION OF PROPERTY:		
NAME OF DEFAULTING TAXPAYER(S):		
NAME OF OWNER(S) AT END OF REDEMPTION PERIOD:		
MAILING ADDRESS OF OWNER(S) CLAIMING OVERBID:		
NAME AND ADDRESS OF ANY MORTGAGE OR LIEN HOLDER(S):		

STATE OF SOUTH CAROLINA
 COUNTY OF SPARTANBURG

PERSONALLY appeared the undersigned, who being sworn, says that *this claim is pursuant to Section 12-51-130* for the overage produced by a delinquent tax sale. The tax sale is described in the deed from the Tax Collector to the highest bidder, recorded in Deed Book _____, Page _____, Register of Deeds Office for Spartanburg County, *a copy of which is attached to this claim*. The amount over the full amount due in taxes, assessments, penalties and costs, produced by the tax sale as shown by the Tax Collector at the bottom of this claim form is the amount lawfully owing to the undersigned. A copy of the deed or of the probate conveyance sheet showing the ownership in the undersigned is attached to verify to whom the refund check should be made payable. The undersigned has been authorized to receive the refund check on behalf of all. The undersigned indemnifies and holds Spartanburg County, its agents and employees harmless against claims by any other persons for such overage and waives all causes of action against the County, its agents or employees, arising out of the tax sale. The undersigned attaches a copy of the Social Security card of the undersigned and such other identification as the Tax Collector shall request.

Signature: _____ Name (Printed) _____
 Signature: _____ Name (Printed) _____

SWORN to before me this _____ day of _____, 20_____.
 _____ (L.S.)

Notary Public for the State of _____
 My Commission Expires: _____, 20_____.

(SEAL)

***** FOR COUNTY USE ONLY *****

I verify the amount overage (the cash produced in excess of the full amount of taxes, assessments, penalties and costs) as \$_____. This overage is payable to the owner of record immediately before the end of the redemption period in accordance with Code Section 12-51-130.

Signed: _____ Date: _____, 20_____.
 Spartanburg County Tax Collector
 Approved By: _____ Date: _____, 20_____.
 Spartanburg County Deputy Tax Collector