



Debbie Burden
Stephens County Treasurer

101 S. 11th Room 207
Duncan Oklahoma 73533
Phone (580) 255-0728 Fax (580) 252-5950

TO WHOM IT MAY CONCERN:

Re: June Resale Excess Proceeds

In regard to the claim of any currently held excess resale proceeds the following documents are required:

1. **Original Statutory Form for Limited Power of Attorney (form attached)**, to be used if owner is not claiming funds himself/herself. If wife or husband claims for property that is in both names on the tax roll, this must be completed by the one who will not be appearing in the office. If claim is being made by a third party on behalf of the property owner(s), this must be completed by all property owners;
2. **Original affidavit (form attached)**;
3. **Photocopy of Driver's License for all parties involved** (including the individual(s) entitled to the funds as well as the party being appointed to serve as their agent);
4. **Original executed IRS W-9 Form which includes current address and SSN of the property owner** – this money is reported to the IRS as proceeds from the sale of real estate if the amount claimed is over \$600.00; and
5. **Signature on Cash Voucher Claim form** . Pertinent variable information will be completed by Treasurer's office staff upon receipt of all required documents.

If you have any questions, or if we can be of further service to you, please contact our office.

Sincerely,

Debbie Burden, Stephens County Treasurer

AFFIDAVIT OF CLAIMANT

STATE OF _____)
)
COUNTY OF _____)

I, the undersigned _____, of _____,
Being of legal age, do on my oath depose and state as follows:

1. That I hereby swear under penalty of perjury that I am entitled to the excess proceeds from the tax resale property sold in the Stephens County 20__ Tax Resale. The said property being located in Stephens County, Oklahoma, Parcel# _____ and described as follows:

2. That I am hereby making a request for any and all excess proceeds from the said Tax Resale of said property and I also disclaim any further interest in and to said property and I also waive any lack of notice relating to the Tax Resale of the above-described real property.

FURTHER AFFIANT SAYETH NOT.

Mail Check to:

SIGNATURE: _____

DATE: _____

Subscribed and sworn in person and before me, the undersigned Notary Public for the above-named State and County, this _____ day of _____, 20__.

Notary Public in and for aforesaid
County and State

Commission Expires: _____

Commission No.: _____

STATUTORY FORM FOR LIMITED POWER OF ATTORNEY

I, the undersigned _____, of _____, do hereby appoint _____, of _____, as my agent (attorney-in-fact)

to act for me in any lawful way with respect to the following:

1. To claim any and all excess funds held for me by the Stephens County Treasurer in regard to the tax foreclosure sale of parcel# _____, Sold in the Stephens County 20__ Tax Resale, said excess funds being the amount of \$_____.

Legal Description of Real Property:

Giving and granting unto my said attorney-in-fact full authority and power to do and perform any and all other acts necessary or incident to the performance and execution of the powers herein expressly granted with power to do and perform acts authorized hereby; as fully to all intents and purposes as the Grantor might or could do if personally present. This Power of Attorney shall be limited to the express purpose(s) set forth above.

This Power of Attorney will cease twelve (12) months from the date hereof.

DATE: _____

SIGNATURE: _____

ACKNOWLEDGMENT

STATE OF _____)
)
 COUNTY OF _____)

SUBSCRIBED AND SWORN TO in person and before me, the undersigned Notary Public for the above-named State and County, this _____ day of _____, 20____.

 Notary Public

Commission NO.: _____

Commission Expires: _____