

Cherokee County



TAX COMMISSIONER

Denise Mastroserio
Tax Commissioner

Affidavit in Support of Claim from Excess Funds Held by the Tax Commissioner of Cherokee County, Georgia

Complete all fields entirely. Do not alter this form in any way. Incomplete and/or altered forms will not be accepted.

You must attach all required supporting documentation, including a copy of your valid U.S. government issued identification or foreign passport. Claims that are not accompanied by this documentation will not be accepted.

You are not required to pay, or to be represented by, a third party in order to make a claim. Claims from third parties, other than an attorney who has been retained by an entitled party for purposes of handling this claim, are not accepted.

STATE OF GEORGIA
COUNTY OF CHEROKEE

Affidavit of _____
Name of Claimant _____ Phone Number _____

Legal Name of Entity with Lien Holder Interest, if applicable

Street Address (Required)

P.O. Box (optional)

City

State

Zip

Parcel Identification Number

Tax Sale Date

Reason you are entitled to receive excess funds (attach supporting documents)

The above claimant acknowledges the following under oath by signing below:

1. I am the record title holder and owner of the property, or a record owner of a security interest I the property, or a party with an equity interest in the property that was recorded at the time of sale.

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2. I have attached to this claim form a copy of my valid U.S. government issued identification or foreign passport.
3. I affirm there are no outstanding liens, mortgages, deeds to secure debt, encumbrances, or other claims or entitlements of any kind whatsoever against the property, senior to or of great legal priority than my right to receive excess funds.
4. There are no lawsuits, garnishments, bankruptcies or other judicial or quasi-judicial proceedings pending against me that might affect my claim for excess funds.
5. The Tax Commissioner of Cherokee County has the right to set off and may first apply any excess funds against any and all outstanding obligations of the claimant which are past due, or due and payable to the Tax Commissioner of Cherokee County.
6. I agree to remit to the Tax Commissioner of Cherokee County the total amount of excess funds disbursed to me in the event entitlement to the excess funds is successfully challenged.
7. I further agree that if the potential for competing claims exist for the excess funds, the Tax Commissioner has the right to interplead the excess funds into Cherokee County Superior Court for a determination as to who is entitled to receive them pursuant to O.C.G.A 48-5-444.
8. This affidavit is sworn statement and false swearing is punishable as a felony under the laws of the State of Georgia, O.C.G.A. 48-5-444.

This _____ day of _____, 2021

Claimants Printed Name

Claimants Signature

Sworn to and subscribed before me this

_____ Day of _____, 2020

Notary Public
(Notary Seal)