Notice of Intention to Claim Interest in Foreclosure Sales Proceeds

Issued under authority of Public Act 206 of 1893; Section 211.78t.

Beginning with 2021 foreclosure sales and transfers, a person that intends to make a claim for excess sales proceeds must complete and return this notarized notice to the Foreclosing Governmental Unit by July 1 in the year of foreclosure. This notice must be delivered via certified mail, return receipt requested, or by personal service. Completing and returning this form evidences an intent to make a future claim but is not itself a claim for sales proceeds.

| PART 1: APPLICANT INFORMATION | | | | | | |
|--|-----------------------------|---------------------------|-----------------------|-------------------------|------------------|--|
| Claimant Last Name or Business Name | | Claima | ant First Name | | Middle Initial | |
| Claimant's Address to be used for Service (Street Number, City, State, ZIP Code) | | | | | | |
| Claimant's Telephone Number | Claimant's E-mail Addre | | | | | |
| PART 2: PROPERTY IDENTIFICATION | | | | | | |
| County | Local Taxing Municip | Local Taxing Municipality | | Foreclosure | Foreclosure Year | |
| Parcel Address (Street Number, City, State, ZIP Code) | | | Local Parcel Number | | | |
| PART 3: EXPLANATION OF INTEREST | | | | | | |
| I hereby claim an interest in the above parcel, as of the foreclosure date, due to the reason(s) selected below: | | | | | | |
| Warranty Deed Dated: Recorded in Liber/Page: | | | | | | |
| Quit Claim Deed Dated: Recorded in Liber/Page: | | | | | | |
| Mortgage Dated: Amount: | Recorded in Liber/Page: | | | | | |
| Other Lien Dated: Amount: | Nature of Lien: | Nature of Lien:Recored | | | | |
| I know of the following other interests in this property, which were in effect immediately prior to foreclosure: | | | | | | |
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| PART 4: CERTIFICATION AND NOTARY | | | | | | |
| I hereby swear that the above information is true and correct in relation to the subject property | | | | | | |
| Claimant's Signature | | | Date | | | |
| Subscribed and sworn to before me by Applicant on the following date: | | | | | | |
| Notary's Signature | | | Commission Expiration | | | |
| Notary State of Authorization | Notary County of Authorizat | tion | | Notary Acting in County | | |
| FORECLOSING GOVERNMENTAL UNIT RECEIPT ACKNOWLEDGMENT | | | | | | |
| FGU Staff Signature of Receipt | FGU Staff Printed Name | iU Staff Printed Name | | Date of Receipt | | |