To request translation or disability-related accommodations, please contact us at **DTDcompliance@clackamas.us** | **503-742-4400**.

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **DTDcompliance@clackamas.us** | **503-742-4400**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по:
DTDcompliance@clackamas.us | **503-742-4400**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними:
DTDcompliance@clackamas.us | **503-742-4400**.

如需翻译服务或残障相关的协助，请与我们联系：
DTDcompliance@clackamas.us | **503-742-4400**。

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **DTDcompliance@clackamas.us** | **503-742-4400.**

Clackamas County
www.clackamas.us

CLACKAMAS COUNTY

DAN JOHNSON
DIRECTOR

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD OREGON CITY, OR 97045

Clackamas County Real Property Surplus Funds Claim Form

Please complete all sections of this application accurately and provide all required documentation to support your claim for surplus funds.

APPLICATION

1. Clackamas County Property Disposition Division will not accept applications from third parties, other than from attorneys licensed to practice law in Oregon. The Division does not recognize applications from asset recovery firms or non-attorneys who purport to represent claimants. **A licensed attorney should submit a written, notarized statement from the claimant authorizing the attorney to act on the claimant's behalf.**

2. Incomplete or illegible applications will not be considered.

3. If there is more than one claimant for the property a separate claim for surplus funds will need to be submitted.

4. The following information is required from the claimant: full name, current physical address, telephone number, copy of State issued Driver's License, State issued ID or passport, completed W-9 and County-required vendor forms and percent ownership of the property at the time of sale. US Post Office boxes are not acceptable physical addresses. Applications without physical addresses will not be accepted.

5. In the event of a dispute between two or more claimants regarding surplus funds, or in other situations where the Property Disposition Division deems it necessary, the Division may interplead funds to Clackamas County Circuit Court in Oregon. See Oregon Rules of Civil Procedure 31.

6. Please provide supporting documentation stating why applicant is entitled to surplus funds. Also include original supporting documents to verify your claim (e.g., deed, death certificate, court order). If you are claiming as an heir, provide a properly completed Affidavit pursuant to Probate laws and a notarized verification of proof of identity and the percentage of the claim you are owed. The Property Disposition Division will only release surplus proceeds to a legitimate claimant or claimant's attorney.

7. Claims will be processed 180 days after receipt by the Property Disposition Division.

CLACKAMAS COUNTY

DAN JOHNSON
DIRECTOR

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD OREGON CITY, OR 97045

THIS APPLICATION MUST BE NOTARIZED BY A NOTARY PUBLIC BEFORE SUBMITTING.

Section 1: Property Details

Parcel No.: _____

Property Address: _____

City: _____ State: _____ ZIP: _____

Auction Date of Sale: _____

Section 2: Claimant Information

By submitting this form, I claim surplus proceeds for the sale of the above referenced tax foreclosed property in the amount of $_____ or _____% per cent of available proceeds based upon my interest in the described property as a:

☐Owner of Record
☐Qualified Heir
☐Assignee or Party of Interest
☐Lien holder

Claimant's Full Name(s): _____

Claimant's Physical Address: _____

City: _____ State: _____ ZIP: _____

Claimant's Mailing Address: ☐Check if same as physical address
Claimant's Mailing Address _____

City: _____ State: _____ ZIP: _____

Claimant's Phone Number: _____

Claimant's Email Address: _____

Driver License State and No.: _____

Provide Copy Front & Back of Driver's License, State ID or Passport
Expired photo identification will not be accepted.

CLACKAMAS COUNTY

DAN JOHNSON
DIRECTOR

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD OREGON CITY, OR 97045

Section 2 cont'd:

Were you the sole owner of the property listed above at the time of foreclosure? ☐Yes ☐No

If not, please provide a claim form, or notarized statement, for all additional owners releasing their portion of the surplus funds and waiving rights to future claims. Statements must include copies of approved identification.

If a Claimant has authorized an attorney to make a claim on their behalf, the claimant must submit notarized documentation naming and authorizing the attorney to act on their behalf. If claimant is requesting a check be made payable to their attorney, please provide the following information:

Attorney's Full Name: _____

Attorney's Bar Number: _____

Attorney's Mailing Address: _____

City: _____ State: _____ ZIP: _____

Attorney's Phone Number: _____

Attorney's Email Address: _____

Make Check Payable to: _____

CLACKAMAS COUNTY

DAN JOHNSON
DIRECTOR

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD OREGON CITY, OR 97045

Section 3: Documentation Checklist

Please attach the following documents to support your claim:

Required for all claimants:

- ✓ Copies of Front & Back of Photo Identification – State issued driver's license, state issued identification or US Passport.
- ✓ Proof of Claimants Interest in the Property - Attach copies or original documents to verify your claim.
    - Acceptable documentation includes:
        - Original or certified copy of recorded deed at time of claimant's purchase
        - Assignments
        - Original promissory note
        - Executed probated will or Trust documents if applicable (Heir to Owner of Record)
        - Court Orders or Judgments Related to the Surplus Funds (if applicable).

Clackamas County reserves the right to ask for additional supporting documentation as needed to confirm statements made on this claim form.

Section 4: Claim Statement

Please provide a detailed statement explaining the basis of your claim and why you believe you are entitled to the surplus funds. Include any relevant facts, evidence, or legal arguments to support your claim. You may continue explanation on a separate page if needed.

_____

_____

_____

_____

CLACKAMAS COUNTY

DAN JOHNSON
DIRECTOR

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD OREGON CITY, OR 97045

Section 5: Release and Indemnification Agreement to be signed by each claimant – Notary Required.

Personally appeared before me the undersigned deponent, who being duly sworn, says on oath as follows:

That the following property was owned by _____ at the time the foreclosure proceedings commenced in Clackamas County Circuit Court, to wit: the tract or parcel of land located in Clackamas County, Oregon with the current address _____, and parcel number _____, as recorded in the records of the Clerk of Clackamas County, Oregon as being the same property that was sold for delinquent taxes on _____.

The undersigned further states:

- The surplus funds are due to the undersigned and there are no other rightful claimants to the proceeds (no other owner of record at the time of the foreclosure lawsuit was filed).
- The undersigned is requesting a check made payable to the party who held title on the date the foreclosure lawsuit was filed and to be sent to the address provided below or to their attorney as listed below.
- The undersigned will provide photo identification, proof of ownership and supporting documentation **as listed in Section 3 - Documentation Checklist**.
- The undersigned acknowledges that it will take up to 180 days to process the claim once the Property Disposition Division receives it and the payment will be issued after 180 days.
- The undersigned agrees to indemnify and hold harmless Clackamas County, its officers, directors, employees, agents, and affiliated entities from and against all claims, damages, liabilities, costs, and expenses, including but not limited to attorney fees, arising out of or relating to real property surplus funds.
- The Claimant acknowledges that this indemnification constitutes a full and final settlement of all rights or claims that may exist or arise through the date of this agreement regarding the subject matter of indemnification. Clackamas County shall have no obligation to make further payments or satisfy any additional claims arising from the same event, condition, or circumstance.

CLACKAMAS COUNTY

DAN JOHNSON
DIRECTOR

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD OREGON CITY, OR 97045

- The Claimant waives any further rights to pursue any additional claims, suits, demands, or causes of action against Clackamas County, its successors, agents, or assigns, relating to real property surplus funds.

By completing and signing this form, I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that any false statements or omissions may result in the denial of my claim.

PLEASE PRINT OR TYPE

Claimant's Signature: _____

Date: _____

AND (If there is an attorney)

Attorney's Name: _____

Signature of Attorney:_____

Date: _____

State of Oregon)

County of Clackamas)

On this _____day of _____, before me, _____,

the undersigned Notary Public, personally appeared_____,

personally known to me, and acknowledged to me the execution of this instrument as the

_____ on behalf _____.

WITNESS my hand and official seal.

_____

Commission expires_____

CLACKAMAS COUNTY

DAN JOHNSON
DIRECTOR

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD OREGON CITY, OR 97045

Section 6: Submission

Please submit the completed claim form and all required documentation to the following address:

Clackamas County Property Disposition
Department of Transportation and Development
150 Beavercreek Road
Oregon City, OR 97045

Alternatively, you may email the completed form and attachments to D'Anne Rome at DRome@clackamas.us

Thank you for submitting your claim for surplus funds. We will review your submission and communicate any further steps or requirements.