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		2000				
Claimant Last Name or Business Name		Claimar	mant 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 Address					
PART 2: PROPERTY IDENTIFICATION						
County	Local Taxing Municipality			Foreclosure Year		
Parcel Address (Street Number, City, State, ZIP Code)				Local Pare	cel 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	ə:				
Quit Claim Deed Dated:	it 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 in Liber/Page:				
I know of the following other interests in this property, which were in effect immediately prior to foreclosure:						
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 th	e following date:					
Notary's Signature			Commission Expiration			
Notary State of Authorization	Notary County of Authoriza	ition		Notary Acting in Count	· · · · · · · · · · · · · · · · · · ·	
FORECLOSING GOVERNMENTAL UNIT RECEIPT ACKNOWLEDGMENT						
FGU Staff Signature of Receipt	GU Staff Printed Name		Date of Receipt			