

CAUTION: ANY FALSE OR FRAUDULENT CLAIM MADE BY ANYONE OR CONSPIRING TO MAKE SUCH FALSE OR FRAUDULENT CLAIM IS AN ACT PUNISHABLE BY LAW AND WILL BE REFERRED TO THE PIERCE COUNTY PROSECUTING ATTORNEY FOR IMMEDIATE PROSECUTION.

APPLICATION FOR FORECLOSURE SURPLUS

The undersigned hereby state: That they are of legal age and reside at the address listed below their respective signatures. That on the date the foreclosure lawsuit was filed, they had a recorded, ownership interest in the real property assessed under parcel number _____.

That when parcel number _____ was foreclosed and sold by Pierce County in _____ (year), the parcel sold for more than the minimum bid.

The surplus funds are due the undersigned in accordance with Revised Code of Washington 84.64.080, that the undersigned makes application for surplus proceeds and requests a check made payable to the party who held title on the date the foreclosure lawsuit was filed and sent to the address provided below.

If the undersigned are signing in a representative capacity, they have been duly authorized to sign and true copies of the appropriate documents showing evidence to sign are included with this application. The undersigned applicant(s) jointly and severally promise to hold Pierce County harmless and protect Pierce County from all claims, costs or demands, including attorney's fees, incurred as a result of payment to the undersigned.

Signature
Typed Name

Signature
Typed Name

Mail check to:
Mailing Address
City, State, Zip

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

State of: _____
County of: _____
The forgoing document was acknowledged before me on the _____ day of _____, _____
_____ Notary signature
My Commission Expires: _____