

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	Claimant 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 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:		
<input type="checkbox"/> Warranty Deed Dated: _____ Recorded In Liber/Page: _____		
<input type="checkbox"/> Quit Claim Deed Dated: _____ Recorded in Liber/Page: _____		
<input type="checkbox"/> Mortgage Dated: _____ Amount: _____ Recorded in Liber/Page: _____		
<input type="checkbox"/> Other Lien Dated: _____ Amount: _____ Nature of Lien: _____ Recorded 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>I hereby swear that the above information is true and correct in relation to the subject property</i>		
Claimant's Signature	Date	
<i>Subscribed and sworn to before me by Applicant on the following date:</i>		
Notary's Signature	Commission Expiration	
Notary State of Authorization	Notary County of Authorization	Notary Acting in County
FORECLOSING GOVERNMENTAL UNIT RECEIPT ACKNOWLEDGMENT		
FGU Staff Signature of Receipt	FGU Staff Printed Name	Date of Receipt