## **APPLICATION FOR SURPLUS PROCEEDS**

<u>Directions:</u> Complete ALL sections. Return the notarized application, a copy of the photo ID of all signors, and copies of all documentation supporting your claim. If there are multiple claimants, additional applications can be attached.

Mail to	614	sap County Treasurer 4 Division St MS-32 rt Orchard WA 98366			
1.	l,			, hereby state:	
2.	I am of le	gal age and reside at _			
3.	I was record owner as of the date of the foreclosure sale shown herein of the property listed and described herein, which was sold for delinquent taxes.				
4.	Parcel #- Legal Description- Superior Court Case- Foreclosure Sale Date- Final Sale Amount- Foreclosure Sale Excess-				
5.	The foreclosure sale excess is due me in accordance with Chapter 84.64 RCW.				
6.	I hereby make the required application for sale excess.				
7.	I will hold	l Kitsap County harmle	ess from any and all claims ari	ising out of this	application and payment.
Signatu	Signature:			_ Date:	
State of County of			_		
			fore me on this day		
of			, 20	,	
Ву			Notary Public		
My Con	nmission Ex	xpires	·		
			FOR OFFICE USE ONLY		
Actio	on Taken	Date & Initials	Comments		