Date	of Sa	ale:	
Duic	VI V	aic,	

AFFIDAVIT IN SUPPORT OF CLAIM FOR EXCESS FUNDS

Before me, th	ne undersigned officer (Notary Public), duly authorized to administer oaths,						
Appeared	on behalf of, who, after being						
sworn, depos	on behalf of, who, after being ses and states under oath as follows:						
1)	I give this oath of my own free will, and I understand that I am sworn to state the truth. I am over the age of 21, years, and I am authorized to swear to the matters stated herein.						
2)	This Affidavit is being given for presentation to the City of Fairburn, Georgia in support of my Claim for Excess Funds received by the City as a result of the above-referenced Tax Sale. The real property which was sold, and which is the subject of this Claim is described as follows: (hereinafter referred to as "Property")						
	Property Address:						
	Tax Parcel ID No.:						
3)	The Claimant is the Owner or Lien holder identified below.						
COM	IPLETE EITHER 4 OR 5 (DO NOT COMPLETE BOTH)						
4A)	With respect to the Property, I am the (insert "Owner" or "owner's Representative") against whom the Sale was conducted. I may be reached as follows:						
	Name: Address:						
	Phone:						
4B)	In support of this claim I have included photo identification as the owner, or as the owner's representative I have included the owner's photo identification, a Power of Attorney, a valid telephone number of the owner and a letter stating that I have the authority to claim the funds on behalf of the owner.						
5A)	With respect to the Property, I am the LIEN HOLDER'S REPRESENTATIVE (insert "Lien holder" or "Lien holder's Representative". I may be reached as follows:						
	Name: Address:						
	Phone:						

5B)	The lien holder is owed \$ in Excess Funds as of the time of the sale and included in support of this claim is the deed creating the debt. As the lien holder's representative I have included a Power of Attorney from the lien holder which contains the title of the officer granting it, valid telephone number and a letter on the company's letterhead giving the authority to collect the excess on behalf of the lien holder.						
6)	The Claimant Has / Has Not (Circle One) redeemed the Property from the Purchaser at the Tax Sale.						
7)	The Claimant is the Owner or Lien holder authorized to receive the Excess Funds from the Tax Sale pursuant to O.C.G.A 48-4-5.						
8)	There is no unsatisfied and outstanding lien, tax lien mortgage, deed to secure debt, promise, pledge, security, encumbrance, obligation, or other claim or entitlement of any type, kind or description whatsoever against the Property or the Excess Funds which is senior to or of greater legal priority than the Claimant's right to receive the Excess Funds.						
9)	The Claimant has not transferred, conveyed, assigned, sold or otherwise obligated or encumbered the Claimant's interest in the Excess Funds.						
10)	There is no lawsuit, garnishment, bankruptcy, or other judicial or quasi-judicial proceeding pending either against the Claimant or on the Claimant's behalf regarding this Claim in the Excess Funds.						
11)	Deleted.						
12)	Deleted.						
13)	The Claimant understands that false swearing is punishable as a felony under the laws of the State of Georgia, and that this Affidavit is a sworn statement.						
14)	The Claimant understands that no legal advice is being provided by any representative of the City of Fairburn, Georgia. The Claimant has the right to seek legal advice from private counsel.						
This Affidavit is	s made this day of, 20						
Ву:	gnature						
Siç	gnature						
	Printed Name						
On Be	half of:						
	subscribed before, 20						
Notary Public My commissio	n expires:						
STATE OF GE	CORGIA						

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

pelole	me, the undersigned officer (Notar	y Public), duly	authorized to a	administer o	eaths,
Appear	red	_ on behalf of			who, after being sworn.
depose	edes and states under oath as follows	•		<u> </u>	,
1)	I give these assurances of my ow that the Claimant is so bound. I ar matters stated herein, and to gran	n over the age	e of 21 years, a	nd I am autl	ding the Claimant and horized to swear to the
2)	This Indemnification is being given my Claim for Excess Funds receive The real property which was sold, (hereinafter referred to as "Proper	the above-re	eferenced Tax Sale.		
	Property Address	: <u> </u>			
	Tax Parcel ID No.	·			
3)	The Claimant is the Owner or Lier which Affidavit has been submitte Indemnification.	n holder identi d contempora	fied in the Affida neously with the	avit in Supp e submissio	ort for Excess Funds, on of this
4)	As further inducement for the disb hold harmless the City of Fairburn representatives, successors, and otherwise, of whatever description to the Claimant.	, Georgia as v assigns, from	vell as its office any and all clai	rs, officials, ms, whethe	employees, agents, r in law, equity, or
This Af	fidavit is made this	day of	1	20	
Ву:					
	Signature				
	Printed Name				
	On Behalf of:				
	to and subscribed before s day of		, 20		
Notary My con	Public nmission expires:				