



BEAUFORT COUNTY TREASURER

P. O. Drawer 487

Beaufort, South Carolina 29901-0487

(843) 255-2600 FAX (843) 255-9444

TAX SALE OVERAGE REQUEST

Any and all Claimants requesting the overage produced from a tax sale must complete this form. All required information must be provided in order for the request to be processed. **The only person entitled to claim or assign the tax sale overage is the Owner of Record immediately before the end of the redemption period.**

Complete and return this form to the Beaufort County Treasurer's Office in-person at 100 Ribaut Road, Suite 165, Beaufort, SC 29902 or by mail to the address above.

In cases of a deceased Owner of Record or that of Heir's property, an order from Probate Court or other controlling legal authority shall be required. Information provided must be notarized. In the event of multiple Claimants, the check will be made payable to each Claimant entitled to the overage, followed by the word "and."

Date: _____ Property ID Number (DMP): _____

Please include a copy of your photo ID.

Claimant's Name: _____

PLEASE PRINT

Address: _____

Phone number: _____ Date of Tax Sale: _____

Please provide the reason you are entitled to this overage: _____

If the Claimant is deceased [**attach a copy of the Death Certificate & Probate of Administrator**] or incapacitated [**attach a copy of the Power of Attorney**], please sign below and indicate relationship.

Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Assignment of Overage

(Note: This section is to be filled out only if Claimant wishes to assign the tax sale overage to a third party.)

As the person legally entitled to claim the tax sale overage, I do assign my claim to the following:

Assignee Name: _____
PLEASE PRINT

Please provide the reason Assignee is entitled to this overage: _____

The undersigned acknowledges all refund checks assigned to a third party will be issued in the name(s) of the Owner(s) of Record, immediately before the end of the redemption period, and the third-party Assignee.

I, _____, certify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and/or authorized to file this application. I know that willful misstatements or omission of material facts constitutes criminal violations punishable by imprisonment and fines as prescribed by law.

Claimant/Owner of Record Signature

Joint Claimant/Owner of Record Signature

I, the undersigned Notary Public hereby certify that on this _____ day of _____, 20____, personally appeared before me _____, known to be the individual(s) described in and who executed the written instrument, and acknowledges that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

Notary Signature

Notary Public in and for the State of _____

Residing at _____

My Commission Expires _____

Notary Seal