

INSTRUCTIONS FOR FILING CLAIM FOR TAX SALE OVERAGE

***NOTE: If you are researching to obtain overage information, YORK COUNTY will not issue any overage checks to a third party unless court ordered. ***

According to SC Code of Law 12-51-130, the OWNER OF RECORD IMMEDIATELY BEFORE THE END OF REDEMPTION PERIOD OF THE TAX SALE is the legal claimant of this overage. These sums are payable 90 days after execution of the deed unless a judicial action is instituted during that time by another claimant.

Submit to the Tax Collection Office the **properly completed claim form** with the following attachments:

A. A copy of the **tax sale deed** from the Tax Collector to the successful bidder at the tax sale for which the overage is claimed and a copy of the **deed by which the claimant(s) acquired ownership** of the property. (You can obtain these through the York County Register of Deeds)

B. In the case of a Personal Representative, or alternatively, a Special Administrator, who has been authorized by the Probate Court (Certificate of Court attached hereto) to file a claim or claims for overages produced by delinquent tax sales of the decedent's real property; checks distributing the decedent's share of the surplus funds will be issued by the County as directed by the Certificate.

C. Copy of **Picture ID (Driver's license)** of the claimant(s).

The County Tax Collector will verify the amount of the overage and verify the identity of the claimant(s). If there is any question about the veracity of the claimant(s), they will be required to obtain a court order to obtain overage refund.

Mail or bring all documents to:

**York County Tax Collection
Attn: Deputy Treasurer/Collection Supervisor
1070 Heckle Blvd. Suite 1100
Rock Hill, SC 29732**

Please contact our office at 803-909-7272 if you have further questions.

CLAIM FOR TAX SALE OVERAGE

Mail or bring all documents to:
York County Tax Collections
Attn: Deputy Treasurer
1070 Heckle Blvd Ste 1100
Rock Hill, SC 29732

PLEASE PROVIDE THE FOLLOWING INFORMATION:

TAX SALE YEAR:

MAP REFERENCE NUMBER:

PHYSICAL LOCATION OF PROPERTY:

INDIVIDUAL(S) CLAIMING OVERAGE:

NAME OF OWNER(S) AT END OF REDEMPTION PERIOD:

REFUND MAILING ADDRESS:

PHONE NUMBER & EMAIL ADDRESS OF CLAIMANT:

PERSONALLY, appeared the undersigned, who being sworn, say (s) that this claim is pursuant to Section 12-51-130 for the overage produced by a delinquent tax sale. The tax sale is described in the deed from the Tax Collector to the highest bidder, recorded in Deed Book _____, Page _____, in the Register of Deeds Office for York County. The amount over the full amount due in taxes, assessments, penalties and costs, produced by the tax sale as shown by the Tax Collector at the bottom of this claim form is the amount lawfully owing to the undersigned. The undersigned indemnifies and holds York County, its agents and employees harmless against claims by any other persons for such overage and waives all causes of action against the County, its agents or employees, arising out of the tax sale. The undersigned attaches a copy of the Social Security card and driver license of the undersigned and such other identification, as the Tax Collector shall request.

Signature of Claimant 1

Claimant 1 (Printed)

Signature of Claimant 2

Claimant 2 (Printed)

SWORN to before me this _____ day of _____, 20_____

Notary Public for the State of _____ (SEAL)
My Commission Expires: _____

****FOR COUNTY USE ONLY****

I verify that the amount of overage above the amount of taxes, penalties and costs for the above referenced property to be \$_____.

Signed: _____
York County Deputy Treasurer/Collections Supervisor

Date: _____