

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.

B. A copy of the **deed by which the claimant(s) acquired ownership** of the property, or a copy of the real estate conveyance sheet from the Probate Court showing ownership by the Claimant(s). These documents are available at the Clerk of Court/Register of Deeds Office or the Probate Court, both located in York, SC. ****If there is any question about the claimant's identification, ownership or legal entitlement to claim the overage, a Court Order will be required.****

C. Copy of the **Social Security card** and **picture ID** of the claimant(s).

D. Copy of Letter of Appointment from York County Probate if defaulting taxpayer is deceased. The check will be made payable to the Estate.

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. Box 14-Suite 1100
Rock Hill, SC 29732**

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

CLAIM FOR TAX SALE OVERAGE

PLEASE PROVIDE THE FOLLOWING INFORMATION:

TAX SALE YEAR:
MAP REFERENCE NUMBER:
PHYSICAL LOCATION OF PROPERTY:
NAME OF DEFAULTING TAXPAYER(S):
NAME OF OWNER(S) AT END OF REDEMPTION PERIOD:
REFUND MAILING ADDRESS:
PHONE NUMBER/EMAIL ADDRESS OF OWNER(S) CLAIMING OVBID:

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 (1099 purpose) 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_____

(SEAL)
Notary Public for the State of _____
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: _____