



AUDITOR-
TREASURER

600 SIXTH STREET, SUITE 5
MADISON, MN 56256

Statement of Claim for Surplus Proceeds from Tax-Forfeited Land Sales

You are receiving this form pursuant to Minnesota Statute 282.005, subdivision 6.

PROPERTY INFORMATION

County: _____
Parcel ID: _____
Property Address: _____
Legal Description: _____

CLAIMANT INFORMATION

Claimant's Name: _____
Address: _____
Phone Number: _____ Email Address: _____

I make this claim as:

A former Owner of the Property. (If available, include a copy of the deed or other evidence of prior ownership with this Statement of Claim.)

A party with a lien interest in the Property. (If available, include a copy of the lien interest showing the original amount of the lien and proof of the current amount due with this Statement of Claim.)

Other. (Include a detailed description of your interest in the real estate and documentation with this Statement of Claim.)

Claimant: I declare that the information on this Statement of Claim and any documentation is correct and complete to the best of my knowledge and belief.

Claimant Signature: _____ Date: _____

Printed Name: _____

Authority, if not signed by an individual Claimant

Making a false claim is against the law. Minnesota Statutes, section 609.465, states that anyone presenting a claim, with knowledge that it is false in whole or in part, for payment to a public officer or body authorized to make such payment is guilty of an attempt to commit theft of public funds and may be sentenced accordingly.

Please return this Claim Form and Any Documentation to:

Lac qui Parle County Auditor/Treasurer

600 6th St. Suite 5

Madison, Mn 56256