



600 SIXTH STREET, SUITE 5  
MADISON, MN 56256

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## 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 6<sup>th</sup> St. Suite 5  
Madison, Mn 56256