AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

As a party of interest (defined in Nevada Revised Statute 361.610), I, the undersigned, do hereby appoint _____ _____as my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of Assessor's Parcel No._____, sold at public auction on _____

I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience. I also understand that the total amount of excess proceeds available for distribution is $_____, and that I have a right to file a claim for this refund on my own behalf, without the help of an agent. For valuable consideration received, my agent is appointed to act on my behalf. Any and all excess proceeds checks issued shall be made payable to _____ and mailed to _____.

…… Print Name

If acting on behalf of a business entity, I am duly authorized to act in its behalf pursuant to my title as indicated below:

…… Mailing Address (Non U.S. Postal System Box No. is not Acceptable)

…….. Title

…… City, State and Zip Code

……... Name of Business Entity or Partnership

( ) …….. Area Code and Daytime Phone Number

……... Partnership or Corporate Tax I.D. Number

_ _ _ _ _ _ _ _ _
Social Security Number

Driver License No. …….. State …….. Expiration Date ……

……..
Signature of Party of Interest (REQUIRES NOTARIZATION)

State of _____)
)
County of ……)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On ……, before me, ……, personally appeared

……

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature ……

DISCLOSURE

I , the undersigned, certify under penalty of perjury that I have disclosed to the party of interest, the full amount of excess proceeds available and ADVISED HIM/HER OF THE RIGHT TO FILE A CLAIM ON HIS/HER OWN BEHALF WITHOUT THE HELP OF AN AGENT.

…… Signature of Agent (REQUIRES NOTARIZATION)

…… Print Name

…… Mailing Address (Non U.S. Postal System Box No. is Not Acceptable)

…… City, State and Zip Code

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
)
County of ……)

Telephone # (with area code):
Social Security #:
Driver's License #: State:
Expiration Date:

On ……., before me, ……., personally appeared

……

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature ……