AFFIDAVIT FOR UNCLAIMED EXCESS – TAX SALE FUND
FROM THE FAIRFIELD COUNTY TREASURER

Date stamped received

State of Ohio)
) SS:
County of Fairfield)

I, _____ being first duly sworn, state as follows:
(full name)

1. My contact information is as follows:

_____
(address: number and street)

_____
(city, state zip)

_____
(telephone number)

2. _____ _____
(case #) parcel number(s)

_____
(amount of excess funds demanded)

FURTHER AFFIANT SAYETH NAUGHT.

_____
(signature)

_____
(date)

Before me appeared the above named person who under oath or by affirmation did sign this affidavit this _____ day of _____, _____

_____
Notary Public

For office use only

_____
Date paid into EXTXSL FUND