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. I am an agent of _____, legally
(company name)

   authorized to make this affidavit and receive these funds.

2. My contact information is as follows:

   _____
   (title)

   _____
   (telephone number)

   _____
   (address: number and street)

   _____
   (city, state zip)

3. _____ is a(n)
(company name)

   _____organized under the laws
(type of entity)

   of the state of _____
(state of organization)

4. _____current address is:
(company name)

   _____
(address: number and street)

   _____
(city), (state) (zip)

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

   _____
(amount of excess funds)

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