



**MULTNOMAH COUNTY**  
**DIVISION OF ASSESSMENT, RECORDING & TAXATION**

**Multnomah Real Property Surplus Funds Claim Form**

Please complete all sections of this application accurately and provide all required documentation to support your claim for surplus funds.

**APPLICATION**

1. Multnomah County – Division of Assessment Taxation and Recording (“DART”), will not accept applications from third parties, other than from attorneys licensed to practice law in Oregon. The Division does not recognize applications from asset recovery firms or non-attorneys who purport to represent claimants. **A licensed attorney should submit a written, notarized statement from the claimant authorizing the attorney to act on the claimant’s behalf.**
2. Incomplete or illegible applications will not be considered.
3. If there is more than one claimant for the property a separate claim for surplus funds will need to be submitted.
4. The following information is required from the claimant: full name, current physical address, telephone number, copy of State issued Driver’s License, State issued ID or passport, completed W-9 and County-required vendor forms and percent ownership of the property at the time of sale. US Post Office boxes are not acceptable physical addresses. Applications without physical addresses will not be accepted.
5. In the event of a dispute between two or more claimants regarding surplus funds, or in other situations where DART deems it necessary, DART may interplead funds to Multnomah County Circuit Court in Oregon. See Oregon Rules of Civil Procedure 31.
6. Please provide supporting documentation stating why applicant is entitled to surplus funds. Also include original supporting documents to verify your claim (e.g., deed, death certificate, court order). If you are claiming as an heir, provide a properly completed Affidavit pursuant to Probate laws and a notarized verification of proof of identity and the percentage of the claim you are owed. The Property Disposition Division will only release surplus proceeds to a legitimate claimant or claimant’s attorney.

**THIS APPLICATION MUST BE NOTARIZED BY A NOTARY PUBLIC BEFORE SUBMITTING.**

**Section 1: Property Details**

Property Tax Account No.: \_\_\_\_\_

Property Address: \_\_\_\_\_



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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Auction Date of Sale: \_\_\_\_\_

**Section 2: Claimant Information**

By submitting this form, I claim surplus proceeds for the sale of the above referenced tax foreclosed property in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % per cent of available proceeds based upon my interest in the described property as a:

- Owner of Record
- Qualified Heir
- Assignee or Party of Interest
- Lien holder

Claimant's Full Name(s): \_\_\_\_\_

Claimant's Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Claimant's Mailing Address:  Check if same as physical address

Claimant's Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Claimant's Phone Number: \_\_\_\_\_

Claimant's Email Address: \_\_\_\_\_

Driver License State and No.: \_\_\_\_\_

Provide Copy Front & Back of Driver's License, State ID or Passport  
Expired photo identification will not be accepted.



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**Section 2 cont'd:**

Were you the sole owner of the property listed above at the time of foreclosure? Yes No

If not, please provide a claim form, or notarized statement, for all additional owners releasing their portion of the surplus funds and waiving rights to future claims. Statements must include copies of approved identification.

**If a Claimant has authorized an attorney to make a claim on their behalf, the claimant must submit notarized documentation naming and authorizing the attorney to act on their behalf. If claimant is requesting a check be made payable to their attorney, please provide the following information:**

Attorney's Full Name: \_\_\_\_\_

Attorney's Bar Number: \_\_\_\_\_

Attorney's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_

Attorney's Email Address: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_



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**Section 3: Documentation Checklist**

Please attach the following documents to support your claim:

Required for all claimants:

- ✓ Copies of Front & Back of Photo Identification – State issued driver’s license, state issued identification or US Passport.
- ✓ Proof of Claimants Interest in the Property - Attach copies or original documents to verify your claim.
  - Acceptable documentation includes:
    - Original or certified copy of recorded deed at time of claimant’s purchase
    - Assignments
    - Original promissory note
    - Executed probated will or Trust documents if applicable (Heir to Owner of Record)
    - Court Orders or Judgments Related to the Surplus Funds (if applicable).

Multnomah County reserves the right to ask for additional supporting documentation as needed to confirm statements made on this claim form.

**Section 4: Claim Statement**

Please provide a detailed statement explaining the basis of your claim and why you believe you are entitled to the surplus funds. Include any relevant facts, evidence, or legal arguments to support your claim. You may continue explanation on a separate page if needed.

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**Section 5: Release and Indemnification Agreement to be signed by each claimant – Notary Required.**

Personally appeared before me the undersigned deponent, who being duly sworn, says on oath as follows:

That the following property was owned by \_\_\_\_\_ at the time the foreclosure proceedings commenced in Multnomah County Circuit Court, to wit: the tract or parcel of land located in Multnomah County, Oregon with the current address \_\_\_\_\_, and property tax account number \_\_\_\_\_, as recorded in the records of Multnomah County, Oregon as being the same property that was sold for delinquent taxes on \_\_\_\_\_.

The undersigned further states:

- The surplus funds are due to the undersigned and there are no other rightful claimants to the proceeds (no other owner of record at the time of the foreclosure lawsuit was filed).
- The undersigned is requesting a check made payable to the party who held title on the date the foreclosure lawsuit was filed and to be sent to the address provided below or to their attorney as listed below.
- The undersigned will provide photo identification, proof of ownership and supporting documentation **as listed in Section 3 - Documentation Checklist**.
- The undersigned acknowledges that it will take time to process the claim once the DART receives it and the payment is issued.
- The undersigned agrees to indemnify and hold harmless Multnomah County, its officers, directors, employees, agents, and affiliated entities from and against all claims, damages, liabilities, costs, and expenses, including but not limited to attorney fees, arising out of or relating to real property surplus funds.
- The Claimant acknowledges that this indemnification constitutes a full and final settlement of all rights or claims that may exist or arise through the date of this agreement regarding the subject matter of indemnification. Multnomah County shall have no obligation to make further payments or satisfy any additional claims arising from the same event, condition, or circumstance.



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- The Claimant waives any further rights to pursue any additional claims, suits, demands, or causes of action against Multnomah County, its successors, agents, or assigns, relating to real property surplus funds.

By completing and signing this form, I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that any false statements or omissions may result in the denial of my claim.

**PLEASE PRINT OR TYPE**

Claimant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AND (If there is an attorney)**

Attorney's Name: \_\_\_\_\_

Signature of Attorney: \_\_\_\_\_

Date: \_\_\_\_\_

State of Oregon )

County of Multnomah )

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, \_\_\_\_\_,

the undersigned Notary Public, personally appeared \_\_\_\_\_,

personally known to me, and acknowledged to me the execution of this instrument as the

\_\_\_\_\_ on behalf \_\_\_\_\_.

**WITNESS my hand and official seal.**

\_\_\_\_\_

**Commission expires** \_\_\_\_\_



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**Section 6: Submission**

Please submit the completed claim form and all required documentation to the following address:

**Multnomah County Division of Assessment,  
Recording & Taxation**

501 SE Hawthorne Blvd., Suite 175  
Portland, OR 97214

Alternatively, you may email the completed form and attachments to Carlos Rasch at [carlos.rasch@multco.us](mailto:carlos.rasch@multco.us).

Thank you for submitting your claim for surplus funds. We will review your submission and communicate any further steps or requirements.