APPLICATION AND AFFIDAVIT FOR REDEMPTION OF PARCEL SOLD FOR TAXES ON OR AFTER APRIL 24, 1995

DISTRICT AND PARCEL NUMBER_____
AMOUNT OF REDEMPTION $_____
DATE OF TAX SALE_____ **TAX SALE NUMBER**_____

STATE OF IOWA)
) ss.
COUNTY OF SIOUX)

I, the undersigned, hereby request the Sioux County Treasurer to issue, as directed by me, a Certificate of Redemption from Tax Sale of the above-numbered parcel located in Sioux County. The undersigned hereby agrees to indemnify and save harmless the Sioux County Treasurer from any damages sustained because of such redemption. To satisfy the Treasurer that I have an interest in the parcel sufficient to give me a right to redeem it upon payment of the proper amount, I do depose and certify, under penalty of perjury that I am, or the party on whose behalf I am acting is:

[NOTE: One of more item(s) must be checked, where applicable.]

1. _____ The titleholder of record.
2. _____ The person in whose name the parcel was/is taxed.
3. _____ A person in possession of the parcel.
4. _____ A mortgagee with a lien on the parcel.
5. _____ A vendor of the parcel under a recorded contract of sale.
6. _____ A lessor with a recorded lease or recorded memorandum of a lease.
7. _____ Any other person with an interest <u>of record</u> (examples: judgment creditor of record, vendee under recorded real estate contract, holder of an inherited or devised recorded interest, tax sale certificate holder).
8. _____ A person who acquired an interest in or possession of the parcel subsequent to the filing of the notice of expiration of the right of redemption (this category is applicable only to tax sales occurring on or after April 24, 1995.)

If you check number 7 or 8, briefly describe your interest in the parcel: _____
_____

_____ _____
Name of person or entity entitled to redeem (Signature)
(Please type or print)

_____ _____
Address Title, or capacity of agent, attorney or personal representative

_____
City – State - Zip Code

_____
Date

FOR OFFICE USE ONLY

_____ _____ _____
Verified By (full name) Date ID Checked

SUBSCRIBED and sworn to before me this _____ day of _____ 20_____.

_____
Notary Public in and for the State of _____

[Seal]