

# 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

\_\_\_\_\_  
Title

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Name of Business Entity or Partnership

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Partnership or Corporate Tax ID Number

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

Driver License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party of Interest (REQUIRES NOTARIZATION)

State of \_\_\_\_\_ )

County 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 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ personally appeared before me, 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

# AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS 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.

\_\_\_\_\_  
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

\_\_\_\_\_  
Title

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Name of Business Entity or Partnership

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Partnership or Corporate Tax ID Number

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

Driver License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature (REQUIRES NOTARIZATION)

State of \_\_\_\_\_ )  
\_\_\_\_\_) )  
County of \_\_\_\_\_ )

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WITNESS my hand and official seal.

\_\_\_\_\_  
Signature