(1) Name of Person Filing: Mailing Address: City, State, Zip Code: Day Phone Number: Evening Phone Number: ATLAS Number (if applicable): Attorney Bar Number (if applicable): Representing Self (Without a Lawyer) OR Attorney for Plaintiff / Petitioner OR Defendant / Respondent			
Alloi		ERIOR COURT OF ARIZONA MOHAVE COUNTY	
(2)	sintiff	(2) Case Number	
Plaintiff (Trustee from Original Complaint)		APPLICATION FOR RELEASE OF EXCESS PROCEEDS OF SALE BY OWNER	
(3) <u>M</u> De	OHAVE COUNTY TREASURER efendant	A.R.S. § 33-812	
(4)	Applicant(s)		
		(names) e excess proceeds on deposit with the Mohave County Treasurer under ber pursuant to A.R.S. § 33-812.	
(5)	Applicant(s) is/are the former or	wner(s) of the property identified as:	
	(addre	and ss and/or legal description of the property)	
	sold at Trustee's sale and, as s Proceeds. A copy of the deed	uch, is/are entitled to submit this Application for Release of Excess to this property is attached.	
(6)	Applicant(s) has/have reviewed the Trustee's Sale Guarantee and affirm to the court there \Box are OR \Box are not liens superior to the interest of the Applicant(s).		
(7)	Applicant(s) request(s) that the court issue an Order directing the Mohave County Treasurer to release to the above-named applicant(s) excess proceeds on deposit in the amount of \$, after presentation to the Treasurer of a certified copy of the signed Order, (or a certified copy of a "Minute Entry" signed by the Judge), a U.S. Treasury Form W-9, and the Treasurer's fee.		
(8)	Today's Date:	Applicant's Signature:	
	Today's Date:	Applicant's Signature:	

FOR CLERK'S USE ONLY

Attachment – Deed/Deed of Trust Attachment – Copy of "Interested Parties" list from original complaint against Treasurer.