



CHRISTIAN COUNTY CLERK'S OFFICE
Melinda A. Humphries, Christian County Clerk

Certificate of Delinquency Sale Registration/Affidavit Form

Name of Third-Party Representative

Name of Third Party (as it will appear on certificate)

Street Address

Street Name (as it will appear on certificate)

City, State, Zip

City, State, Zip

Telephone Number

Telephone Number (to call for payoffs)

Please include the following with this registration form to participate in the sale where you have established "priority" to purchase the 2025 tax bill due to a previous lien. Please submit this list at least 10 calendar days prior to the date of sale.

- Parcel ID
- Current Year Tax Bill Number
- Property Address
- Current Amount Due
- Total of all certificates requested including the \$30 fee for the assignment and recording of the Certificates of Delinquency for each bill
- (Unreleased) Prior year certificate bill number
- Certified Check or Cashier's Check for full amount of bills included on the list
- Lists must be electronic, in MS Excel 2003 format. (This is a "Save As" option for newer versions of Excel) All lists are to be emailed to Yvette.Wickham@ky.gov
 - See Example Below
- Included Registration Fee \$ _____ . (\$5.00 per bill up to \$250.00) Priority Sale

Please include the following with this registration form to participate in the Lottery Sale process. This list of bills **MUST** be in priority order from the most desirable to the least desirable. Please submit this list at least 10 calendar days prior to the date of sale.

- Parcel ID
- Current Year Tax Bill Number
- Property Address
- Current Amount Due
- Total of all certificates requested including the \$30 fee for the assignment and recording of the Certificates of Delinquency for each bill
- Certified Check or Cashier's Check for full amount of bills included on the list
- Lists must be electronic, in MS Excel 2003 format. (This is a "Save As" option for newer versions of Excel) All lists are to be emailed to Yvette.Wickham@ky.gov
 - Example

<u>MAP NUMBER</u>	<u>BILL NUMBER</u>	<u>TAX YEAR</u>	<u>PROPERTY ADDRESS</u>
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- Included Registration Fee \$ _____ . (\$10.00 per bill up to a maximum of \$250.00) Lottery Sale

Calculated total of all bills including Recording fees is \$ _____. Purchase Cap Amount \$ _____
(Purchase not to exceed this amount)

Calculated 25% including fees being submitted \$ _____

We also require a copy of your Department of Revenue Registration certificate. The acceptable forms of payment to participate in the tax sale are by Certified Check or Cashier's Check.

AFFIDAVIT

Please read and confirm the following sworn statement. Be advised that filing a false statement with the intent to mislead the Christian County Clerk is a violation of KRS 523.030 and is a Class A Misdemeanor.

I hereby certify that I am not participating in this sale in conjunction with any related person or related entity to obtain any advantage over other potential purchasers at the sale.

Authorized Signature for Third Party Purchaser

State of _____
County of _____

Subscribed, sworn to and acknowledged before me this _____ day of _____, 20____
by _____.

Notary Public, State at Large

My Commission Expires: _____