**Equity Xtractor Solutions Proof of Ownership Form**

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

**Claimant Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Information:**

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

**Ownership Verification:**

To proceed with the services related to the recovery of surplus funds from the foreclosure of the property mentioned above, we require documentation proving your ownership of the said property. Please provide one or more of the following documents:

* Deed of the Property
* Mortgage Documentation
* Property Tax Records
* Other Ownership Records (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Document Details: (Please provide details for each document submitted)**

1. Document Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document Number/Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_

Issuing Authority/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. (If applicable) Document Type: \_\_\_\_\_\_\_\_\_\_\_\_\_

Document Number/Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_

Issuing Authority/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Client Declaration:**

I hereby affirm that the information provided above and the documents submitted are true and accurate to the best of my knowledge. I understand these documents are being collected for the purpose of verifying ownership of the property in relation to the services provided by **Equity Xtractor Solutions**

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach copies of the documents to this form.**