

GILA COUNTY BOARD OF SUPERVISORS

BIDDER INFORMATION FORM

PURCHASE OF PROPERTY HELD BY THE STATE UNDER TAX DEED AT BOS AUCTION
OR AFTER AUCTION FOR TOTAL LIEN AMOUNT

PLEASE PRINT INFORMATION

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

INFORMATION FOR QUIT CLAIM DEED:

____ Please check here if you wish to take title as "Joint Tenants with Right of Survivorship" (i.e., John Doe and Mary Doe, as Joint Tenants with Right of Survivorship).

NAME (S) TO APPEAR ON QUIT CLAIM DEED:

To be filled out by Clerk or Deputy Clerk:

Year Parcel Deeded to the State: _____ Total Lien Amount: _____

Amount Paid: _____ Receipt Number: _____

Method of Payment: Cash _____ Cashier's Check _____ Money Order _____

Recorder's \$10 Fee: Cash _____ Personal Check _____

Date BOS Authorized Chairman's Signature on Quit Claim Deed: _____

Date Quit Claim Deed Delivered to the Recorder with \$10 fee: _____

Date Quit Claim Deed Mailed to Property Owner: _____