

**APPLICATION AND AFFIDAVIT FOR  
REDEMPTION OF PARCEL SOLD FOR TAXES  
ON OR AFTER APRIL 24, 1995**

Parcel Number \_\_\_\_\_  
 Amount of Redemption \_\_\_\_\_  
 Date of Tax Sale \_\_\_\_\_

STATE OF IOWA            )  
   ) ss.  
 COUNTY OF JOHNSON)

I, the undersigned, hereby request the Johnson County Treasurer to issue, as directed by me, a Certificate of Redemption from tax sale of the above-numbered parcel located in Johnson County. The undersigned hereby agrees to indemnify and save harmless the Johnson County Treasurer from any damages sustained because of such redemption. To satisfy the Treasurer that I have an interest in the parcel sufficient to give me a right to redeem it upon payment of the proper amount, I do depose and certify under penalty of perjury that I am, or the party on whose behalf I am acting is, as of the date notice of expiration of right of redemption was filed with the Treasurer, said date being \_\_\_\_\_:

[NOTE: One or more item(s) must be checked, where applicable.]

- 1.  The title-holder of record.
- 2.  The person in whose name the parcel was/is taxed.
- 3.  A person in possession of the parcel.
- 4.  A mortgagee with a lien on the parcel.
- 5.  A vender of the parcel under a recorded contract of sale.
- 6.  A lessor with a recorded lease or recorded memorandum of a lease.
- 7.  Any other person with an interest of record (examples: judgment creditor of record, vendee under recorded real estate contract, holder of an inherited or devised recorded interest, tax sale certificate holder.)
- 8.  A person who acquired an interest in or possession of the parcel subsequent to the filing of the notice of expiration of the right of redemption (this category is applicable only to tax sales occurring on or after April 24, 1995.)

**If you checked box 7 or 8, briefly describe your interest in the parcel:** \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Name of person or entity entitled to redeem  
 (please type or print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Title, or capacity of agent, attorney or personal representative

\_\_\_\_\_  
 City – State – Zip Code

FOR OFFICE USE ONLY		
_____ Verified By (full name):	_____ Date	_____ ID ✓'d (Place X On line)

\_\_\_\_\_  
 Date

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

**[Seal]**

\_\_\_\_\_  
 Notary Public in and for the State of \_\_\_\_\_