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**CHAUTAUQUA COUNTY DEPARTMENT OF FINANCE**

**GERACE OFFICE BUILDING  
3 NORTH ERIE ST  
MAYVILLE, NY 14757**

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**CERTIFICATE OF AMOUNT OF SURPLUS FUNDS ON DEPOSIT**

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This will confirm that the Chautauqua County Finance Director is holding surplus proceeds for the parcel known as:

City/Town of: \_\_\_\_\_

SBL #: \_\_\_\_\_

Former owner: \_\_\_\_\_

This parcel was sold at public auction on \_\_\_\_\_ and Chautauqua County Finance Director is holding the sum of \_\_\_\_\_. Interest will continue to accrue until said funds are disbursed.

DATED: \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF FINANCE

STATE OF NEW YORK  
COUNTY COURT : COUNTY OF CHAUTAUQUA

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In the Matter of Foreclosure of Tax Liens  
Pursuant to Article 11, Title 3 of  
the Real Property Tax Law by Chautauqua County

**CERTIFICATE AS TO NOTICE OF  
CLAIM TO SURPLUS MONIES**

Index No. \_\_\_\_\_

[Address of Property]

Justice Assigned: Hon. \_\_\_\_\_

Property SBL/ Address: \_\_\_\_\_

Former Owner Name (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, Chautauqua County Clerk, do hereby certify that there is no notice of  
[name of Clerk]  
claim to surplus monies in the above-entitled action on file, except the notice of claim of

- 1) \_\_\_\_\_  
[name of claimant 1], by [name of attorney], attorney, filed [date of filing];
- 2) \_\_\_\_\_  
[name of claimant 2], by [name of attorney], attorney, filed [date of filing];
- 3) \_\_\_\_\_  
[name of claimant 3], by [name of attorney], attorney, filed [date of filing];
- 4) \_\_\_\_\_  
[name of claimant 4], by [name of attorney], attorney, filed [date of filing];

Dated: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Chautauqua County Clerk

STATE OF NEW YORK  
COUNTY COURT : COUNTY OF CHAUTAUQUA

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In the Matter of Foreclosure of Tax Liens  
Pursuant to Article 11, Title 3 of  
the Real Property Tax Law by Chautauqua County

**NOTICE OF CLAIM  
TO SURPLUS MONIES**

Index No. \_\_\_\_\_

[Address of Property]

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**TO THE CLERK OF THE COUNTY OF CHAUTAUQUA**

You will please take notice that \_\_\_\_\_  
(Insert your name)  
of \_\_\_\_\_,  
(Street Address) (Insert City/Town/Village; State; Zip Code)

one of the Respondents in the above-entitled actions, is entitled to the surplus monies, or a portion thereof, arising from the sale made on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ under a judgment of this Court in the above-entitled action and that this claim amounts to \_\_\_\_\_ Dollars (\$\_\_\_\_\_) with interest thereon from the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and is made by virtue of the fact that said \_\_\_\_\_  
(Your Name)

\_\_\_\_\_ is the owner of the equity of redemption and his/her said claim is next in priority after the Lien of the Plaintiff in this action. There are no unsatisfied liens upon the mortgaged premises or any part of thereof.

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print your Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

STATE OF NEW YORK  
COUNTY COURT : COUNTY OF CHAUTAUQUA

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In the Matter of Foreclosure of Tax Liens  
Pursuant to Article 11, Title 3 of  
the Real Property Tax Law by Chautauqua County

**Notice of Motion to Confirm  
Sale and Direct Distribution of  
Surplus Money**

Index No. \_\_\_\_\_

\_\_\_\_\_  
(Insert Property Address)

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UPON reading and filing the Notice of Motion on behalf of \_\_\_\_\_,  
(Insert your name)  
Petitioner herein filed in the office of the Clerk of the County of Chautauqua on \_\_\_\_\_,  
20\_\_\_\_, the annexed affidavit of \_\_\_\_\_ duly sworn to on \_\_\_\_\_,  
(Insert your name)  
20\_\_\_\_; the Certificate of the Clerk of the County of Chautauqua showing no claims to the surplus  
money other than that of defendant/fee owner aforementioned; the Affidavit of \_\_\_\_\_  
(Insert your name)  
that no other appearances have been filed; the Certificate of the Chautauqua County Finance  
Department dated \_\_\_\_\_, 20\_\_\_\_, showing the amount of \$\_\_\_\_\_ having  
been held on deposit in the Office of the County Finance Department in trust, and upon all other  
pleadings and proceedings filed heretofore, \_\_\_\_\_ will move this Court, at  
(Insert your name)  
\_\_\_\_\_ A.M./P.M. on the day of \_\_\_\_\_, 20\_\_\_\_, at the Courthouse at 3 N. Erie Street,  
(Insert return time & date advised of by the Court)  
Mayville, New York before the Hon. \_\_\_\_\_ for an order confirming the sale and directing  
the Director of Finance of the County of Chautauqua to disburse the surplus monies in the  
amount of \$ \_\_\_\_\_ less any fees due to the County to \_\_\_\_\_  
(Insert your name)  
\_\_\_\_\_.

Please take notice that pursuant to CPLR 2214b, answering affidavits, if any, are required to be served upon the undersigned at least eight days before the return date of this motion.

Dated:  
Mayville, New York

\_\_\_\_\_, 20\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print your Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Print name address and  
telephone number)

STATE OF NEW YORK  
COUNTY COURT : COUNTY of CHAUTAUQUA

In the Matter of Foreclosure of Tax Liens  
Pursuant to Article 11, Title 3 of  
the Real Property Tax Law by Chautauqua County

**Affidavit in Support of Motion  
to Confirm Sale and Direct  
Distribution of Surplus Money**

Index No. \_\_\_\_\_

\_\_\_\_\_  
(Insert Property Address)

STATE OF NEW YORK )  
CHAUTAUQUA COUNTY COURT ) SS:

\_\_\_\_\_, being duly sworn deposes and says:

1. I am the Petitioner in the above captioned action and the prior owner of premises known as

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
Street Address City or Town State

2. I make this Affidavit in support of the application to claim surplus monies resulting the tax  
foreclosure sale of premises identified above.

3. On \_\_\_\_\_, \_\_\_\_\_, I became the owner of record for the subject premises. See  
Month and Day Year  
Exhibit A – Deed recorded in the Chautauqua County Clerk's Office in Book \_\_\_\_\_ of Deeds at page  
Number  
\_\_\_\_\_.  
Number

4. This foreclosure action proceeded to a Judgment of Foreclosure and Sale on \_\_\_\_\_,  
Month and Day  
\_\_\_\_\_, then to public sale. The County of Chautauqua, Chautauqua County Finance Department  
Year  
has on deposit the sum of \$ \_\_\_\_\_, plus interest in the amount of \$ \_\_\_\_\_, making  
Dollar Amount Dollar Amount  
a total amount on Deposit as of \_\_\_\_\_, \_\_\_\_\_ of \$ \_\_\_\_\_. A copy of the  
Month and Day Year Dollar Amount  
Chautauqua County Finance Director's Certificate is attached as Exhibit B.

5. On \_\_\_\_\_, \_\_\_\_\_, the subject premises was sold by auction  
Month and Day Year

to \_\_\_\_\_ for the sum of \$ \_\_\_\_\_.  
Purchaser Dollar Amount

6. The delinquent real estate taxes were paid in full from the proceeds, with the remainder of the sale proceeds deposited with the Chautauqua County Finance Department.

7. Other than my claim, there are \_\_\_\_\_ other claims on file to the surplus monies. The County  
No or Number  
Clerk has issued a Certificate of Claims. See Exhibit C.

WHEREFORE, YOUR DEPONENT REQUESTS THAT THE Chautauqua County Finance Department be directed to pay to Petitioner, herein, the amount of \$ \_\_\_\_\_ being ALL / A PORTION of  
Dollar Amount Cross out one  
the remaining surplus funds on deposit with the said Chautauqua County Finance Department.

Dated:  
Mayville, New York

\_\_\_\_\_, 20\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print your Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

Sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of New York



At a Special Term of County Court  
held in and for the County of  
Chautauqua  
on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_

PRESENT: HON. \_\_\_\_\_

STATE OF NEW YORK  
COUNTY COURT : COUNTY OF CHAUTAUQUA

\_\_\_\_\_  
In the Matter of Foreclosure of Tax Liens  
Pursuant to Article 11, Title 3 of  
the Real Property Tax Law by Chautauqua County

**ORDER TO CONFIRM SALE  
AND DISTRIBUTE  
SURPLUS MONEY**

Index No. \_\_\_\_\_

\_\_\_\_\_  
(Insert Property Address)

Petitioner(s) \_\_\_\_\_, having brought a  
[Name]  
motion to distribute surplus money deposited with the Chautauqua County Finance Department; and  
upon reading and filing the Notice of Motion and Motion, the Affidavit of \_\_\_\_\_,  
[Name of Affiant]  
sworn to on \_\_\_\_\_, \_\_\_\_\_ and exhibits annexed thereto, the Certificate of the  
[Date]  
Chautauqua County Finance Department, showing that \$ \_\_\_\_\_ remains on deposit as surplus  
[Amount of surplus money]  
with respect to the subject premises; the Affidavit of Appearances or Notices of Claims of \_\_\_\_\_  
[name of Affiant]  
\_\_\_\_\_, to on \_\_\_\_\_, \_\_\_\_\_ showing that there are no other notices of  
[Date]  
claims to the surplus money, and upon all papers and proceedings had herein, and the motion having  
come on to be heard, and the Petitioner having appeared in support thereof, and due deliberation having  
been had thereon, it is hereby

ORDERED, that the sale of \_\_\_\_\_,  
[Property Address]  
by Deed dated \_\_\_\_\_, \_\_\_\_\_ and recorded in the Chautauqua County Clerk's Office  
[Date]  
on \_\_\_\_\_, \_\_\_\_\_ is confirmed; and it is further  
[Date]

ORDERED, that the Chautauqua County Finance Department shall pay out and distribute the  
money in their hands to the credit of this action, after deducting therefrom the fees and commissions  
allowed to them by law, to the following person:

\_\_\_\_\_, a check in the amount of \$\_\_\_\_\_.

Dated: Mayville, New York  
\_\_\_\_\_, \_\_\_\_\_

ENTER,

\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEW YORK  
COUNTY COURT : COUNTY OF CHAUTAUQUA

In the Matter of Foreclosure of Tax Liens  
Pursuant to Article 11, Title 3 of  
the Real Property Tax Law by Chautauqua County

**AFFIDAVIT OF APPEARANCES  
OR NOTICES OF CLAIM**

Index No. \_\_\_\_\_

\_\_\_\_\_  
(Insert Property Address)

STATE OF NEW YORK  
COUNTY OF CHAUTAUQUA ss:

\_\_\_\_\_, being duly sworn, deposes and says:  
(Insert your name)

1. I reside at \_\_\_\_\_,  
(Street address) (Insert City / Town / Village;

\_\_\_\_\_ and further allege that:  
(State; Zip Code)

2. I have submitted a Notice of Claim for Surplus Monies and make this

Affidavit pursuant to RPAPL § 1361.

3. The following parties have appeared in the action:

\_\_\_\_\_, \_\_\_\_\_;  
(Name) (Address)

\_\_\_\_\_, \_\_\_\_\_;  
(Name) (Address)

\_\_\_\_\_, \_\_\_\_\_.  
(Name) (Address)

4. The following parties have submitted a Notice of Claim in the action:

\_\_\_\_\_  
(Name) (Address);

\_\_\_\_\_  
(Name) (Address);

\_\_\_\_\_  
(Name) (Address).

5. Attached are copies of liens against the property that remain unsatisfied.

6. All of the above-named parties have been served with my Notice of  
Claim to Surplus Monies; a copy of the Notice was mailed first-class to the address above.

\_\_\_\_\_  
(Sign your name in the presence of a Notary Public)

\_\_\_\_\_  
(Print your name)

Sworn to before me this

\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Names of Plaintiff(s)/Petitioner(s))

VS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Names of Defendant(s)/Respondent(s))

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STATE OF NEW YORK

COUNTY OF \_\_\_\_\_ SS:

(County where notarized)

AFFIDAVIT OF SERVICE

Index No. \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn says:  
(Insert name of person who serves papers)

I am not a party to the action, am over 18 years of age.

I reside at \_\_\_\_\_  
(Insert street address, city/town/village, state and zip code)

On \_\_\_\_\_, 20\_\_\_\_, I served a true copy of the following papers,  
(Date papers served)

\_\_\_\_\_ which are attached to this affidavit, in the  
(Identify the papers served)

following manner: (check & complete one area below)

\_\_\_\_\_ By personally delivering the papers to: \_\_\_\_\_  
(Insert name of person served)

at \_\_\_\_\_  
(Insert street address, city/town/village, state and zip code)

**PERSONAL  
SERVICE**

The individual I served had the following characteristics: (fill in applicable information)

Male ☐ Female ☐ Skin Color \_\_\_\_\_ Hair Color \_\_\_\_\_

21-34 yrs.☐ 35-50 yrs.☐ 51-61 yrs.☐ Over 61 yrs.☐

120-150 lbs.☐ 151-181 lbs.☐ Over 182 lbs.☐

Approximate height \_\_\_\_\_

Other distinguishing features \_\_\_\_\_

\_\_\_\_\_ By mailing the same in a sealed envelope, with postage prepaid  
**MAIL** thereon, in a post-office or official depository of the U.S. Postal Service within the  
State of New York, addressed to the last-known address of the addressee(s) as  
indicated below:

\_\_\_\_\_ By depositing the same with an overnight delivery service in a wrapper properly  
**OVERNIGHT** addressed. Said delivery was made prior to the latest time designated by the  
**DELIVERY**  
**SERVICE** overnight delivery service for overnight delivery. The delivery service used was  
\_\_\_\_\_. The name(s) and address(es) of person(s) served  
(Insert name of delivery service used)  
are indicated below:

Name	Street address	City/town/village, state, zip code
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
(Sign your name in the presence of a Notary Public)

\_\_\_\_\_  
(Print your name)

Sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public