

CLAIM FORM

Bryan Zettel, et al v. County of Charlevoix, et al
Charlevoix County Circuit Court
Case No. 18-0591-26-CZ

1. Contact Information

First Name / Entity Name

MI

Last Name

Address Line 1

Address Line 2

City

State

Zip

Telephone Number

Email Address

2. Foreclosed Property Information

Address Line 1

Address Line 2

City

State

Zip

Tax Identification Number

Foreclosure Year

3. Claim Type

Which statement best describes your claim?

☐ I held an ownership interest in a property foreclosed upon by Charlevoix County for nonpayment of real property taxes between January 1, 2012 and December 31, 2020.

☐ I held a joint ownership interest in a property foreclosed upon Charlevoix County for nonpayment of real property taxes between January 1, 2012 and December 31, 2020. The other joint owner(s) is/are:

First Name / Entity Name

MI

Last Name

Address Line 1

Address Line 2

City

State

Zip

Telephone Number

Email Address

First Name / Entity Name

MI

Last Name

Address Line 1

Address Line 2

City

State

Zip

Telephone Number

Email Address

Please attach additional pages if necessary.

☐ I am the heir to a person, now deceased, or the successor to a person, that held an ownership interest in a property foreclosed upon by Charlevoix County for nonpayment of real property taxes between January 1, 2012 and December 31, 2020. If you select this, please provide the legal name of the Person that held the interest below and your relationship to that Person below:

First Name

MI

Last Name

Relationship to Deceased

4. Previous Names

Previous names that you have used that may be associated with your property:

First Name

MI

Last Name

First Name

MI

Last Name

5. Other

- Please attached any documents that show proof of your interest in the property at the time of foreclosure, such as deeds, tax bills, mortgages, and utility bills.
- If the property was owned by a trust, a Certificate of Trust must be enclosed.
- If you are submitting this claim on behalf of a deceased person, the person submitting the claim must be a beneficiary or heir of the deceased person.

6. What if I have questions about the Settlement or this claim form?

To obtain more information, contact Class Counsel through the website at www.CharlevoixTaxClass.com or call (248) 841-2200. For a complete, definitive statement of the Settlement terms, refer to the Settlement Agreement at www.CharlevoixTaxClass.com.

PLEASE DO NOT TELEPHONE THE COURT OR THE COURT CLERK'S OFFICE TO INQUIRE ABOUT THE SETTLEMENT OR THE CLAIM PROCESS.

7. Is there a deadline for submitting this claim form?

Yes. Claim forms must be postmarked no later than April 9, 2026.

8. Where do I submit my completed claim form?

Complete claim forms and all additional documentary information should be mailed, post prepaid, or hand delivered to:

Charlevoix County Treasurer
301 State St.
Ste. 3
Charlevoix, MI 49720

Please keep a complete copy of your claim form for your records.

9. Verification

I declare under the penalties of perjury pursuant to the laws of the United States and the laws of my state of residence that the information supplied in this claim is true and correct to the best of my knowledge and that this claim was executed on the date set forth below. I understand that I may be asked to provide additional information before my claim will be considered.

Signature

Date

Printed Name