
Name

Address

City, State, Zip

Phone

Email

If you do not respond to this document within applicable time limits, judgment could be entered against you as requested.

Check your email. You will receive information and documents at this email address.

I am the Counter-Petitioner
 Attorney for the Counter-Petitioner and my Utah Bar number is _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of the Trustee's Sale of:

Counter-Petition for Adjudication of Priority to Funds on Trustee's Sale Notice to Claimants
(Utah Code Section 57-1-29)

Case Number _____

Judge _____

1. On _____ (date), pursuant to Utah Code Section 57-1-29, the sum of \$ _____ was tendered to the clerk of court's office in the above-named case.
2. I am a claimant listed in the trustee's affidavit in the trustee sale of the real property located at _____ (address).
3. This counter-petition serves as notice to the following claimants listed in the trustee's affidavit and to any other claimants known to me. The names and addresses of those claimants are:

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. I ask the court to enter an order directing the clerk of the court or the county treasurer to disburse the excess funds as follows:

5. I request a hearing.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

_____ Signature ► _____
Date

Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Counter-Petition for Adjudication of Priority to Funds on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
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_____ Signature ► _____
 Date Printed Name _____