

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

Attorneys At Law  
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CORPUS CHRISTI, TEXAS 78471-1028

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**Resale Bid Form**

The property is being sold for taxes, and all sales are made subject to a right to redeem within the time and manner provided by law. Purchasers do have a legal right to possession of the property during the redemption period. **Successful Purchasers will receive a Tax Resale Deed, which is without warranty.** It is the bidder's responsibility to do their own title examination and satisfy themselves as to the condition of the title before submitting a bid. It is also the bidder's responsibility to satisfy themselves concerning the location of the property on the ground before submitting an offer.

All bids must be submitted on this form, to the law office of Linebarger Goggan Blair & Sampson, LLP at 500 N. Shoreline Blvd., Suite 1111, Corpus Christi, Texas 78401. All offers will be subject to approval by the taxing entities that have an interest in the subject property. **The bidders should be prepared to wait at least 90 days for approval.** Upon approval, the successful bidder is required to pay the entire amount of the offer within 10 days to the Linebarger firm at the address shown above. If more than one offer is received for a particular property, the law firm may schedule a second auction among those parties who have submitted written offers.

**The Law Firm or the Taxing Entities will not supply or pay for any closing costs, including, but not limited to: Owner Financing, Title Policy, Abstract of Title, Survey, Appraisal, Termite Certificate**

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*I understand that the property is being sold in "as is" condition without Warranty. I further understand that I may be subject to penalty provisions of applicable Texas Law for failure to submit payment in accordance with the amount of bid.*

Subject to the terms and conditions stated herein, I submit the following bid on the property described below:

**Amount of Offer:** \_\_\_\_\_

**Suit Number:** \_\_\_\_\_

**Tax Account No.:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

(Please print all information clearly)