

**SEMINOLE COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER CLAIM
TO RECEIVE SURPLUS PROCEEDS OF A TAX DEED SALE**

Complete and return to:
Tax Deed/Official Records Center
PO Box 8099, Sanford,
taxdeeds@seminoleclerk.org

Note: The Clerk of the Circuit Court must pay all valid liens before distributing surplus funds to a titleholder.

TDA Certificate: _____
Claimant's name: _____
Address: _____
Parcel ID Number: _____
Phone: _____
E-mail: _____
Date of sale: _____

☐ I am not making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

☐ I claim surplus proceeds resulting from the above tax deed sale.

I am a (check one) _____ Lienholder _____ Titleholder

• **Lienholder information (Complete if claim is based on a lien against the sold property.)**

• Type of Lien: _____ Mortgage, _____ Court Judgment, _____ Other (describe in detail): _____

• If your lien is recorded in the county's official records, list the following, if known:

• Recording date: _____, OR Book _____ Page _____

• Original amount of lien \$ _____

• Amount due \$ _____

• Principal remaining due \$ _____

• Interest due \$ _____

• Fees and costs due, including late fees \$ _____ (include additional detail sheet if needed.)

• Attorney fees \$ _____ (provide amount claimed \$ _____)

• **Titleholder Information (Complete if claim is based on title formerly held on sold property.)**

• Nature of title (check one): _____ Deed; _____ Court Judgment; _____ Other (describe in detail): _____

• If your *former title* is recorded in the county's official records, list the following, if known:

• Recording date: _____, OR Book _____ Page _____

• Amount of surplus tax deed sale proceeds claimed \$ _____

• Does the titleholder claim the subject property was homestead property? _____ Yes _____ No

I hereby swear or affirm that the above information is true and correct to the best of my knowledge.

Date: _____

Signature: _____

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me by means of ☐ physical presence ☐ online notarization, this _____ day of _____, 20____, by _____ (Name of Person Acknowledging).

Signature of Notary Public or Deputy Clerk

Print, Type of Stamp Name (SEAL)

Personally Known ☐

OR Produced ID ☐

Type of identification ☐