

CLAIM TO RECEIVE SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

By mail: Seminole County Clerk of Circuit Court and Comptroller
Tax Deed/Official Records Center
1750 East Lake Mary Boulevard
Sanford, FL 32773

By e-mail:

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

Claimant's name: _____

Contact name, if applicable: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Tax No.: _____ Date of sale (if known): _____

___ 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.

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

(a) 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: _____; Instrument #: _____; Book # _____; Page #: _____.

(b) Original amount of lien \$ _____

(c) Amounts due: \$ _____

1. Principal remaining due: \$ _____

2. Interest due: \$ _____

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

4. Attorney fees: \$ _____ (provide amount claimed): \$ _____

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

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

(b) If your former title is recorded in the county's official records, list the following, if known:

Recording date: _____; Instrument #: _____; Book #: _____; Page #: _____.

(c) Amount of surplus tax deed sale proceeds claimed: \$ _____

(d) Does the titleholder claim the subject property was homestead property? ___ Yes ___ No.

I hereby swear or affirm that all of the above information is true and correct.

Date: _____

Signature: _____

STATE OF FLORIDA

COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___, by _____.

NOTARY PUBLIC or DEPUTY CLERK

Personally Known, or

Produced Identification: _____

Identification Produced: _____

(Print, Type, or Stamp Commissioned Name of Notary)