

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Claims must be filed within 120 days of the date the surplus notice was mailed or they are barred.

Complete and return to:

By mail to: **Taylor** County Clerk of the Circuit Court
Tax Deed Department
P.O. Box 620
Perry, FL 32348

By email: _____

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: _____
Email Address: _____
Tax No.: _____
Date of Sale (if known): _____

I am a (check one): Lienholder; Titleholder

Select ONE:

_____ I claim surplus proceeds resulting from the above tax deed sale.
_____ I am NOT making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

- 1. LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property.)
(a) Type of Lien: Mortgage; Court Judgment; Condo or Homeowner Association Lien; Other Describe in Detail: _____
(b) If your lien is recorded in **Taylor** County's Official Records, provide the following:
Recording Date: _____ Instrument #: _____ Book/Page #: _____/_____
(c) Original Lien Amount: \$ _____
(d) Amount Currently due: \$ _____
Principal Remaining: \$ _____ Fees & Costs* \$ _____
Interest: \$ _____ Attorney Fees \$ _____

*Including late fees. Describe costs in detail. Include additional sheet if needed:

- 2. TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property.)
(a) Nature of Title: Deed; Court Judgment; Other _____
If your former title is recorded in **TAYLOR** County's Official Records, list the following, if known:
Recording Date: _____ Instrument #: _____ Book/Page #: _____
Amount of surplus tax deed sale proceeds claimed: \$ _____
Does the titleholder claim the subject property was homestead property? Yes No

- 3. I request that payment of any surplus funds be made payable to: _____ and such payment be mailed to either the address above or to: _____.
- 4. I hereby swear or affirm that all of the above information is true and correct.

Signature of Claimant: _____ Date: _____
Print Name: _____ Title: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was sworn to or affirmed and signed before me this _____ day of _____, by _____, who is personally known to me or has produced _____, as identification and who did take an oath.

Notary Public

My Commission Expires: