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

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

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: