

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to Sumter County Clerk of the Circuit Court
By mail. Tax Deed/ Official Records Dept.
215 E McCollum Ave
Bushnell, FL, 33513

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

Tax Deed # \_\_\_\_\_ Certificate # \_\_\_\_\_ Sale date of \_\_\_\_\_ Parcel # \_\_\_\_\_
NOTE: The Clerk of the Court must pay all valid liens before distributing surplus funds to titleholder.

Claimant's Name: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone Number: \_\_\_\_\_
Email Address: \_\_\_\_\_
Tax No: \_\_\_\_\_

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

- LIENHOLDER INFORMATON (complete if claim is based on a lien against the sold property.)
• Type of Lien: ( ) Mortgage; ( ) Court Judgment; ( ) Condo or Homeowners Association lien; ( ) other
Describe in Detail: \_\_\_\_\_
If your lien is recorded in Sumter County's Official Records, List the following, if known:

Recording Date: \_\_\_\_\_ Instrument # \_\_\_\_\_ Book/Page # . \_\_\_\_\_ / \_\_\_\_\_
• Original Lien Principal Remaining
Amount \$ \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_ Due \$ \_\_\_\_\_
Interest Due \$ \_\_\_\_\_ Fees & Costs\* \$ \_\_\_\_\_ Attorney fees claimed \$ \_\_\_\_\_
\*including late fees. Describe cost in detail, including additional sheet if needed \_\_\_\_\_

- TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property.)
( ) Deed ( ) Court judgment;
A Nature of Title: Other: \_\_\_\_\_
If your former title is recorded in Sumter 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

- I request that the payment of any surplus funds due me be payable to \_\_\_\_\_ and such payment be mailed to either the address above or to: \_\_\_\_\_
• I hereby swear or affirm that all of the above information is true and correct.

Signature of Claimant: \_\_\_\_\_ Print Name & Title \_\_\_\_\_

STATE OF \_\_\_\_\_
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ( ) physical presence or ( ) online notarization 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: \_\_\_\_\_

\*\* PLEASE RETURN A COPY OF THE CLAIMANT'S IDENTIFICATION WITH THIS FORM. \*\*