

**PROOF OF CLAIM FOR PAYMENT**

CERT #

TAX ID #

EXCESS MONEY \$

DATE OF SALE:

The original or certified copies of the following; RECORDED DEED to the property, the TAX STATEMENT and other properly executed LEGAL documents that would substantiate your claim to the excess money MUST accompany this signed claim. Included is a W-9 which is to be completed and returned with this request. A copy of a photo ID of the claimant is also required.

State of: Florida  
County of: Calhoun

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_  
Notary

Personally appeared \_\_\_\_\_  
Property Owner / Claimant

- 1. He/She is the:
  - Former Owner \_\_\_\_\_
  - Mortgage Holder \_\_\_\_\_
  - Surviving Spouse \_\_\_\_\_
  - Heir \_\_\_\_\_
  - Court Appointed Administrator \_\_\_\_\_
  - Attorney for Estate \_\_\_\_\_
  - Lienholder \_\_\_\_\_
  - Other Interested Party \_\_\_\_\_

Of \_\_\_\_\_  
**Legal Description of Property**

*I acknowledge that I am making the above representation under oath in order to receive payment of such surplus funds, and understand that, if it is later discovered or determined that payment of such surplus funds to us was made in error, I am personally liable for repayment of such surplus funds to the Clerk and/or Calhoun County.*

*I swear under penalty of perjury that the foregoing is true and correct and understand that I am subject to prosecution for providing false information or making a false claim.*

\_\_\_\_\_  
Claimant

WITNESSES (2)

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
By \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_  
(type of identification) and who did take an oath.

\_\_\_\_\_ (Acknowledger)  
\_\_\_\_\_ (Name of Acknowledger printed)  
\_\_\_\_\_ Title/Rank \_\_\_\_\_ (Expiration)  
\_\_\_\_\_ Commission/Serial Number

(Seal)