

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: Hendry County Clerk of the Circuit Court
 Tax Deed/Official Records Dept.
 PO BOX 1760
 LaBelle, FL 33975

By email: jhatfield@hendryclerk.org

Tax Deed #: _____ Certificate #: _____ Sale Date of _____

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: _____

If your lien is recorded in _____ County's Official Records, list the following, if known:

Recording Date:	_____	Instrument #:	_____	Book/Page #:	_____ / _____
(b) Original Lien Amount:	\$ _____	Amount due:	\$ _____	Principal Remaining Due:	\$ _____
Interest Due:	\$ _____	Fees & Costs*:	\$ _____	Attorney fees claimed:	\$ _____

*Including late fees. Describe costs in detail, including additional sheet if needed: _____

2. 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 _____ 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 due me 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: _____ 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: