

Complete and return to:
Clerk of the Circuit Court and Comptroller
Attn: Tax Deed Dept.
P.O. Box 1030
Ocala, FL 34478-1030



Claims **submitted by Mortgage and Lien Holders** must be filed within 120 days of the date the surplus notice was mailed or they are barred.

PLEASE PRINT INFORMATION

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Tax Deed #: _____ Cert#/year: _____ Parcel #: _____ Sale Date: _____

Note: The Clerk of the Court must pay all valid liens before distributing funds to a titleholder.

Claimant's Name:	_____
Contact Name, if applicable:	_____
Address:	_____
Telephone Number:	_____
Email Address:	_____

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 Marion 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.)

(a) Nature of Title: Deed Court Judgment Other: _____

If your former title is recorded in Marion County's Official Records, list the following, if known:

Recording Date: _____ 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 _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization
on _____ by _____ who is personally known to me or has produced
_____ as identification and who did take an oath.

Notary Public

My Commission Expires

5. 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 _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization
on _____ by _____ who is personally known to me or has produced
_____ as identification and who did take an oath.

Notary Public

My Commission Expires

Please list legal description of property here or add as attachment: