



Kelvin Soto, Esq.
Osceola County Clerk of the Circuit Court & County Comptroller

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to: **Osceola County Clerk of Court**
Attn: Tax Deed Department
2 Courthouse Square
Kissimmee, FL 34741

Claims must be filed within 120 days of the date the Notice of Surplus Funds from Tax Deed Sale was mailed or claim will be barred.

Note: The Clerk must pay all valid liens before distributing to a titleholder

Claimant _____
Address¹ _____ City _____ Zip _____
Phone No. _____
Email Address _____
Certificate No. _____ Date of sale (if known) _____

I am not making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

I claim surplus proceeds resulting from the above tax deed sale.

I am a Lienholder Previous Owner/Titleholder.

1. LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property)

A. Type of Lien: Mortgage Court Judgment Other-Describe in detail:

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

Recording date _____; Instrument # _____; Book# _____ Page# _____

B. Original Amount of Lien: \$ _____

C. Amount Remaining Due (include interest, if applicable): \$ _____

2. PREVIOUS OWNER/ TITLEHOLDER INFORMATION (Complete if claim is based on title held on sold property.)

A. Nature of title: Deed Court Judgment Other-describe in detail: _____

If your title is recorded in the Osceola County Official Records, list the following, if known:

Recording date _____; Instrument # _____; Book# _____ Page# _____

¹ Payment will be mailed to this address.

B. Amount of surplus tax sale proceeds claimed \$ _____

C. Do you claim this property was your homestead at the time of sale? Yes No

3. I acknowledge that I am making the above representations 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 me was in error, I am personally liable for the repayment of such surplus funds to the Clerk of the Circuit Court of Osceola County, Florida

4. I have attached to this notarized affidavit a true and genuine copy of my current government issued photo identification that shows my address and date of birth.

5. I hereby swear that all of the above information is true and correct.

Date: _____

Signature: _____

Claimant

****NOTARIZATION NOT REQUIRED IF CLAIM IS BEING WAIVED****

STATE OF _____
COUNTY _____

Sworn to or affirmed before me by means of physical presence or online notarization, this ____ day of _____, 20____, by _____ who is personally known or has produced _____ as identification.

(SEAL)

Notary Public

[Print, type, or stamp commissioned name of notary]

Please note: Heir/Beneficiary/ Executor of the Estate – If claiming on behalf of an estate, funds will not be disbursed without an order of family administration under Part I, Chapter 735, Florida Statutes; or an order of summary administration under Part II, Chapter 735, Florida Statutes; or a letter or other writing under seal of the court under Section 735.301, Florida Statutes. Please contact a legal professional if you have questions about estate or other legal issues. Employees of the Clerk are not authorized to provide legal advice.