

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to: Polk County Clerk of the Circuit Court
Tax Deeds Dept.
255 North Broadway
Bartow, FL 33830

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

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: _____

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 Polk 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 Polk 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:

***** INCLUDE A PHOTOCOPY OF THE CONTACT PERSON'S IDENTIFICATION (FRONT AND BACK)*****